

**Genesee Community College**  
**Physical Therapist Assistant Program**  
**Batavia, NY**  
**(Accessible Version)**

**Clinical Education Manual**



**Genesee Community College**  
**Physical Therapist Assistant Program**

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# **Clinical Education Manual**

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## PREAMBLE

This manual was developed to inform Physical Therapist Assistant students, clinical instructors, and center coordinators of clinical education of the policies, procedures, and administrative details of the clinical education program at Genesee Community College (GCC). It also is intended to offer resources that are crucial to implementing and offering a strong clinical experience. This clinical education manual is available on-line and for download at [www.genesee.edu/academics/programs/Health/PTA/](http://www.genesee.edu/academics/programs/Health/PTA/)

The clinical education manual will be reviewed annually by the PTA program faculty and updated as needed to reflect any changes. Clinical partners will be alerted to such updates electronically and links to the manual will be provided each time they are hosting a GCC student for internship. Additional information about the PTA program and policies can be found on the [Program Webpage](#), including the Student Academic Handbook. Please refer to the GCC catalog and the Student Rights and Responsibilities Handbook for college-wide information at [www.genesee.edu](http://www.genesee.edu)

The Physical Therapist Assistant Program at Genesee Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave. Suite 100 Alexandria, VA 22305-3085. E-mail: [accreditation@apta.org](mailto:accreditation@apta.org), Telephone: 800-999-2782 Website: [www.captionline.org](http://www.captionline.org).

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## FACULTY TEACHING PTA COURSES



**Christopher Caputi PT, DPT, Cert. MDT**

*Associate Professor Professor/Director of PTA Program*

Dr. Caputi received a Master's degree in physical therapy from D'Youville College in Buffalo, NY and earned a Doctorate of Physical Therapy from Upstate Medical University in Syracuse. Dr. Caputi currently teaches a variety of classes in physical therapy techniques and Applied Kinesiology. He received the 2015 S.U.N.Y. Chancellor's Award for Excellence in Teaching at GCC. Since joining GCC in 2007, Chris has served as the advisor to the PT Assistant Club. He has been active in the American Physical Therapy Association and its local chapters, offering lectures on orthopedic topics as well as best practices for collaboration between PTs and the Physical Therapist Assistant.

Dr. Caputi holds certification in the McKenzie approach to mechanical treatment of the spine and also is a certified Spider Tech Taping therapist. In 2015, he gained certification from the Titleist Performance Institute in Golf swing analysis and physical assessment of the golfer. He continues his clinical practice in outpatient therapy, Pro Bono work, and private consultation.



**John A. Love PT, MS**

*Academic Coordinator of Clinical Education for PTA Program/Instructor*

John graduated from the State University of New York @ Cortland with a BA in Biology. He then graduated with his MS PT from Drexel University College of Nursing and Health Professions where he was awarded the William McBeth Research Award. His clinical experience in developmental centers; preschools; Early Intervention; outpatient, inpatient, and rehabilitation practice at the University of Rochester's Strong Memorial Hospital have provided him with a background to develop teaching expertise in the areas of pediatric, inpatient, outpatient, and neurological rehabilitation. John was awarded Board Certified Specialist in Neurologic physical therapy by the American Physical Therapy Association. His teaching background includes six years of development and teaching for the Nazareth College Physical Therapy program and additional instruction for the Ithaca College Physical Therapy program. John has been a presenter for national and statewide educational conferences including rehabilitation interventions and Safe Patient Handling techniques. He remains clinically active in Early Intervention and preschool pediatric therapies.

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# **SECTION I: COLLEGE & PTA PROGRAM MISSION, COURSE LEARNING OUTCOMES & OBJECTIVES**

## **GENESEE COMMUNITY COLLEGE**

### **PHYSICAL THERAPIST ASSISTANT PROGRAM**

#### **Mission Statement:**

The Physical Therapist Assistant (PTA) program at Genesee Community College (GCC) is an integral part of the State University of New York system, which is committed to the motto “To learn – to search – to serve.” The PTA program at GCC provides its students with a high quality, supportive learning environment which empowers them to grow personally and professionally. Students are recognized as being unique individuals and are encouraged to explore areas for further actualization of their aptitudes.

The PTA program strives to provide its students positive learning experiences that help them develop the self-esteem, skills and knowledge that will enable them to competently function as professional Physical Therapist Assistants in all aspects of a diverse and changing health care environment.

#### **PTA Program Goals & Objectives:**

**Program Goal #1** – All PTA Program graduates will be able to function effectively as Physical Therapist Assistants in diverse clinical settings. Where documented: Federation of State Boards in Physical Therapy (FSBPT) Reports of students who passed licensing exam; Employer Surveys; Graduate Surveys

Objective 1A – At least 85% of program graduates who take the licensing exam will pass the national PTA licensing exam within the first year after graduation. FSBPT Reports

Objective 1B – At least 90% of the employers who respond to the survey will rate our graduates as ‘Acceptable’ or higher on question #10 of the graduate surveys that are sent out 1 to 1 ½ years after graduation. (NOTE: Question #10 asks how well the graduate works effectively under the supervision of a physical therapist in an ethical, legal, safe and effective manner.)

Employer Surveys

Objective 1C – At least 90% of our graduates who respond to the survey will rate themselves as ‘Acceptable’ or higher on question #10 of the graduate surveys that are sent out 1 to 1 ½ years after graduation. (NOTE: Question #10 asks how well the graduate works effectively under the supervision of a physical therapist in an ethical, legal, safe and effective manner.)

Graduate Surveys



**Program Goal #2** – All PTA program graduates will demonstrate a strong sense of professionalism.

Data Sources: Employer Surveys; Graduate Surveys

Objective 2A – At least 90% of the employers who respond to the survey will rate our graduates as ‘Acceptable’ or higher on questions #1 – 7 of the employer surveys that are sent out 1 to 1 ½ years after graduation. (NOTE: Questions #1-7 pertain to the following: punctuality, professional in appearance/manner, discretion in confidential matters, recognition of personal strengths/weaknesses, accepts and benefits from criticism, growth in self-direction and takes responsibility for self-development.)

Employer Surveys Objective 2B – At least 90% of the graduates who respond to the survey will rate themselves as ‘Acceptable’ or higher on questions #1-7 of the graduate surveys that are sent out 1 to 1 ½ years after graduation. (NOTE: Questions #1-7 pertain to the following: punctuality, professional in appearance/manner, discretion in confidential matters, recognition of personal strengths/weaknesses, accepts and benefits from criticism, growth in self-direction and takes responsibility for self-development.) Graduate Surveys

**Program Goal #3** – All PTA program graduates will demonstrate effective written, oral and nonverbal communication skills with patients and their families, clients, health care providers, colleagues, third party payers and the public.

Data Sources: Employer Surveys; Graduate Surveys

Objective 3A – At least 90% of the employers who respond to the survey will rate our graduates as ‘Acceptable’ or higher on question #9 of the graduate surveys that are sent out 1 to 1 ½ years after graduation. (NOTE: Question #9 asks how well the graduate demonstrates effective written, oral and nonverbal communication with patients and their families, health care providers, colleagues, and the public.)

Employer Surveys Objective 3B – At least 90% of our graduates who respond to the survey will rate themselves as ‘Acceptable’ or higher on question #9 of the graduate surveys that are sent out 1 to 1 ½ years after graduation. (NOTE: Question #9 asks how well the graduate demonstrates effective written, oral and nonverbal communication with patients and their families, health care providers, colleagues, and the public.)

Graduate Surveys

## **Genesee Community College**

### **Mission**

As an inclusive, accessible, student-centered community college, we foster exceptional teaching and learning opportunities that result in intellectual and social growth, economic advancement, and engaged citizenship.

## **Vision**

GCC will be the college of choice, known for its highly innovative and individualized educational experiences, life-long learning opportunities, and ability to empower students to lead in a changing world.

## **Strategic Priorities**

- 1) Student Support & Success
- 2) Commit to the success of every student; provide programs and services designed to assist our diverse student body in achieving individual educational goals.
- 3) Teaching & Learning
- 4) Provide dynamic educational experiences that afford all members of the college community flexible opportunities to meet their career, educational, and personal enrichment goals.
- 5) Diversity & Inclusive Excellences
- 6) Cultivate a community that fosters respect and appreciation for individual and group differences. Demonstrate our commitment to the values of equity, diversity, and inclusion throughout all endeavors.
- 7) Fiscal, Operational & Infrastructure Sustainability
- 8) Maintain efficient, effective operations; identify and pursue new or additional sources of revenue and financial support; monitor and improve campus infrastructure; foster a safe environment.
- 9) Campus & Community Engagement
- 10) Create an open and transparent, trust-based environment that inspires creativity and innovation. Cultivate and foster meaningful relationships with community partners.

## **SECTION II: CLINICAL EDUCATION SEQUENCE & CURRICULUM**

### **Introduction to Clinical Education**

Clinical education is an integral part of Genesee's PTA education. The many clinical partners, whom generously affiliate with GCC's PTA program, provide a critically important supplement to the academic component. Through three sequenced clinical experiences, students have opportunities to integrate the academic material, apply their newly acquired clinical skills, practice problem solving, and perform documentation.

Coordination of the academic and clinical components requires careful communication between the ACCE, CCCE, CI and PTA student. Attention to detail is imperative for clinical internships to run smoothly and to provide a supportive learning environment for the students. It is hoped that these materials will help facilitate the communication, administration, and planning involved in the clinical internship process. The materials are organized and presented in a manner intended to allow easy access and implementation by the clinical faculty.

The long-term relationships that exist between our PTA program and the WNY clinical community are cherished. Our students benefit greatly from your generosity, patience, and encouragement. The professional example you provide is priceless and simply put, we could not succeed without your assistance.

### **Types of Affiliations:**

Three separate, full-time clinical experiences are required in order to complete the PTA Program at GCC. These affiliations must be completed in three different types of physical therapy practice. The types of affiliations are as follows:

**Out-patient orthopedic** - out-patient physical therapy department of a hospital or private out-patient setting.

**Hospital / In-patient** – hospital in-patient setting, sub-acute rehab, or nursing rehabilitation setting.

**Neurological-related/Specialty** – while the setting may overlap with hospital or other in-patient setting, the emphasis is on gaining exposure to neurological related care and conditions. Clients or patients may include: geriatrics, pediatrics, development disabilities, pre-school, school based, group home or day treatment, spinal cord, brain injury, or stroke rehabilitation.

## **Course Sequence for Internships**

**Clinic 1:** PTA 121 (3 credit hour)

Length: 4 weeks

Time: Summer following 2<sup>nd</sup> semester

(4 week session required – select section 1A or 1B)

**Clinic 1A:** Mid-May through mid-June

**Clinic 1B:** Late July through late August

Prerequisites: PTA 102, HED 205, & BIO153 with a grade of “C” or better

**Clinic 2:** PTA 222 (4 credit hours)

Length: 5 weeks

Time: Immediately following 3<sup>rd</sup> semester

Prerequisites: PTA 203 and PTA 121 with a grade of “C” or better

**Clinic 3:** PTA 223 (5 credit hours)

Length: 6 weeks

Time: Following the compressed 4<sup>th</sup> semester

(Early May to mid -June)

Prerequisites: PTA 203 & PTA 222 with a grade of “C” or better

## **Affiliation Type Sequence:**

Clinical affiliation 1 & 2 are typically completed in an outpatient or an inpatient setting, in no specific order. The neurological-related/specialty setting is reserved for Clinic 3, as the relevant neurological coursework is not provided until the 4<sup>th</sup> semester.

**PLEASE NOTE:**

- 1) All clinics are full-time, which is 37.5 hours/week minimum
- 2) No payment is to be received by the student from the facility for the clinical work. Some facilities may offer meal or housing stipends.
- 3) In order to participate in clinical education as a Student Physical Therapist Assistant, students are required to register and pay all applicable course fees for PTA clinical courses.

## **Catalog Descriptions of Technical Education PTA Course**

### **PTA 121 – Clinical Experience 1**

**3 credits**

The student will apply physical therapy procedures to patients, under the supervision of a licensed physical therapist or physical therapist assistant, at a physical therapy clinical affiliation site. Emphasis is placed on safe, professional, ethical, and competent treatment implementation and patient interactions. Students will develop personal communication skills and take an active role and responsibility for their professional development. Prerequisites: PTA 102, PTALB2, PTA 110, PTA LB3 and BIO 153 each with a grade of "C" or better. Student must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

### **PTA 222 – Clinical Experience 2**

**4 credits**

The student will apply physical therapy procedures to patients under the supervision of a licensed physical therapist or physical therapist assistant at a physical therapy clinical affiliation site. The student will be expected to expand on the skills developed during their first clinical experience. Emphasis is placed on safe, professional, and competent treatment implementation and patient interactions. Students will continue to develop personal communication skills and are responsible for continued professional development. Prerequisite: PTA 121, PTA 202, PTA 203, and PTALB4 each with a grade of 'C' or higher. Student must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

### **PTA 223 – Clinical Experience 3**

**5 credits**

The student will apply physical therapy assessments and interventions to patients / clients under the supervision of a licensed physical therapist or physical therapist assistant at a physical therapy clinical affiliation site. The student will be expected to expand on the skills developed during their first two clinical experience and didactic instruction. Emphasis is placed on reaching entry-level performance in preparation for entrance into the work force. The student will educate clinic staff through a professional in-service on a topic appropriate for the clinical setting. Student must have current certification in Adult & Pediatric 1st Aid/CPR/AED or equivalent.

# PTA Course Planning Worksheets

## Physical Therapist Assistant Semester Course Planning Worksheet

<b><u>SUGGESTED FIRST SEMESTER</u></b>	<b><u>CREDITS</u></b>	<b><u>PREREQUISITES</u></b>
_____ <b>PTA 101*</b> - Physical Therapy Interventions 1	5	
_____ BIO 152 - Anatomy & Physiology	4	BIOLOGY
_____ HUS 250 - Intro to Developmental Disabilities	3	
_____ MAT 121 - Technical Math 1	3	
_____ <b>PTA 106*</b> - Introduction to Physical Therapy	<u>2</u>	
	<b>17</b>	MATH
<b><u>SUGGESTED SECOND SEMESTER</u></b>	<b><u>CREDITS</u></b>	
_____ <b>PTA 102*</b> - Physical Therapy Interventions 2	5	
_____ <b>PTA 110*</b> - Kinesiology	3	
_____ BIO 153 - Anatomy & Physiology 2	4	CHEMISTRY/PHYSICS
_____ ENG 101 - College Composition	<u>3</u>	
	<b>15</b>	
<b><u>SUMMER SESSION</u></b>		
_____ <b>PTA 121*</b> - CLINIC 1 (4 weeks - June <u>OR</u> August)	<u>3</u>	
	<b>3</b>	
<b><u>SUGGESTED THIRD SEMESTER</u></b>	<b><u>CREDITS</u></b>	
_____ <b>PTA 203*</b> - Physical Therapy Interventions 3	5	
_____ HUS 124 – Gerontology	3	

_____ ENG 102 - Composition in the Natural & Social Sciences	3
_____ PSY 101 - General Psychology	3
_____ PTA 202* - Applied Neurology	<u>3</u>
	<b>17</b>

**SUGGESTED FOURTH SEMESTER**

**CREDITS**

_____ PTA 222* - CLINIC 2 (5 weeks)	4
_____ PTA 208* - Physical Therapy Interventions 4	5
_____ PTA 223* - CLINIC 3 (6 weeks)	<u>5</u>
	<b>14</b>

**NOTE:** \*Technical education courses requiring PTA program acceptance as a prerequisite

**TOTAL = 66 CREDITS**



# Semester Course Planning Worksheet

Genesee Community College

623–Physical Therapist Assistant– A.A.S.

<b>Suggested First Semester</b>	<b>Credits</b>
PTA101	5
BIO152	4
HUS250	3
MAT121	3
PTA106	2
<b>Total</b>	<b>17</b>

<b>Suggested Second Semester</b>	<b>Credits</b>
PTA102	5
PTA110	3
BIO153	4
ENG 101	3
<b>Total</b>	<b>15</b>

<b>Suggested Summer Session</b>	<b>Credits</b>
PTA121	3
<b>Total</b>	<b>3</b>

<b>Suggested Third Semester</b>	<b>Credits</b>
PTA203	5
PTA202	3
HUS124	3
ENG102	3
PSY101	3
<b>Total</b>	<b>17</b>

<b>Suggested Fourth Semester</b>	<b>Credits</b>
PTA208	5
PTA222	4
PTA223	5
<b>Total</b>	<b>14</b>

## Degree Requirements for PTA Program

<b>623</b>	<b>Degree Requirements for Physical Therapist Assistant</b>	<b>A.A.S.</b>
<b>1</b>	<b>COMMUNICATIONS</b>	<b>6</b>
	ENG101 College Composition	3
	ENG102 Composition in the Natural and Social Sciences	3
<b>3</b>	<b>MATH/SCIENCE</b>	<b>11</b>
	BIO152 Anatomy & Physiology 1	4
	BIO153 Anatomy & Physiology 2	4
	MAT121 Technical Math 1	3
	<i>(Specific Grades: A, B, C, CR, TR)</i>	
<b>4</b>	<b>SOCIAL SCIENCE</b>	<b>9</b>
	PSY101 General Psychology	3
	HUS124 Gerontology	3
	HUS250 Introduction to Developmental Disabilities	3
<b>5</b>	<b>PHYSICAL THERAPY</b>	<b>40</b>
	PTA101 Physical Therapist Assistant 1	5
	PTA102 Physical Therapist Assistant 2	5
	PTA106 PTA Seminar 1	2
	PTA110 Kinesiology	3
	PTA202 Applied Neurology	3
	PTA203 Physical Therapist Assistant 3	5
	PTA121 PTA Clinic 1	3
	PTA222 PTA Clinic 2	4
	PTA208 PTA 4	5
	PTA223 PTA Clinic 3	5
	<i>(Specific Grades: A, B, C, CR, TR)</i>	
	<b>TOTAL</b>	<b>66</b>
	<b>Reading and Math Proficiency Required</b>	
	<b>Minimum QPI: 2.00</b>	

**NOTE:** All math, science, and PTA courses must be completed with a grade of “C” or better in order to satisfy the requirements for this program.

**General Outline Only – Updated for annual circumstance**

## **Academic Curriculum & Course Descriptions**

The full program academic curriculum can be found using the following link: <http://www.genesee.edu/academics/programs/Health/PTA/>

All PTA coursework is listed below with corresponding catalog description. Full descriptions, including student learning outcomes (SLOs) can be found at <http://www.genesee.edu/academics/catalog/dspCourseList/?Term=201606&SubjCode=PTA>

### **PTA 101 - Physical Therapy Interventions 1**

3 credits

Introduces medical terminology, common pathologies, abbreviations, and documentation pertinent to the role of the physical therapist assistant. Develops skills for fundamental physical therapy treatments. Includes draping and positioning of patients, transferring and lifting of patients, palpation of anatomical landmarks, goniometry, massage, gait training with assistive devices, and utilization of selected thermal agents. Prerequisite: Acceptance into the PTA program. Corequisites: PTA 106 and PTA LB1.

### **PTALB1 – Lab for PTA101**

2 credits

PTA LB1 is the application of didactic instruction for PTA101 and a required co-requisite. Skills and performance in PTA LB1 are assessed as a component of PTA 101 and therefore, must be successfully completed in addition to all the requirements for PTA 101. Co-requisites: PTA101 and PTA106

### **PTA 102 - Physical Therapy Interventions 2**

3 credits

Acquires cognitive and psychomotor skills in orthopedics, therapeutic exercises, vital signs, infection control practices, traction, intermittent compression, ultrasound and hydrotherapy. Integrates knowledge of clinically relevant pathological conditions into treatment of orthopedic patients with co-morbidities. Prerequisites: BIO 152, PTA101, PTALB1 and PTA 106 each with a grade of 'C' or higher. Corequisite: PTA LB2.

### **PTALB2 – Lab for PTA102**

2 credits

PTA LB2 is the application of didactic instruction for PTA102 and a required co-requisite. Skills and performance in PTA LB2 are assessed as a component of PTA 102 and therefore, must be successfully completed in addition to all the requirements for PTA 102. Co-requisite: PTA 102

### **PTA 106 – Introduction to Physical Therapy**

2 credits

Introduces students to the field of physical therapy and the role of the Physical Therapist Assistant (PTA). Explores interpersonal skills and professionalism relevant to the health care environment. Addresses interactions between PTA and patients, therapists, and other health care team members. Advances concepts of social and cultural competency, confidentiality, HIPAA, and professional responsibilities. Addresses state laws and professional therapy association positions and their integration into clinical policies and procedures. Covers computer literacy, on-line medical research, effective study skills, and continuing professional development. Prerequisite: Acceptance into the PTA program. Co-requisites: PTA 101 and PTALB1.

### **PTA 110 - Kinesiology**

2 credits

PTALB3 is the application of didactic instruction for PTA110 and a required co-requisite. Skills and performance in PTALB3 are assessed as a component of PTA110 and therefore, must be successfully completed in addition to all the requirements for PTA110. Co-requisite: PTA110

### **PTALB3 – Lab for Kinesiology**

1 credit

PTA LB2 is the application of didactic instruction for PTA102 and a required co-requisite. Skills and performance in PTA LB2 are assessed as a component of PTA 102 and therefore, must be successfully completed in addition to all the requirements for PTA 102. Co-requisite: PTA 102

### **PTA 202 - Applied Neurology**

3 credits

Provides a basic understanding of how the human nervous system works and explores common neuropathies that impair health and functioning. Presents clinically relevant aspects of normal neuroanatomy and basic neurophysiology as a background for understanding disorders of the

human nervous system. Assists in comprehending important clinical concepts related to abnormal neurological conditions in order to substantiate therapeutic rationale for physical therapy treatment techniques taught in the PTA curriculum. One lecture and two seminar hours a week. Prerequisite: BIO152. Corequisite: PTA203 and PTALB4.

### **PTA 203 – Physical Therapy Interventions 3**

3 credits

Explores principles of pain control, electrically induced exercise and cardiopulmonary rehabilitation. Develops treatment skills in clinical electrotherapy, ultrasound, ultraviolet radiation, chest physical therapy, and cardiac rehabilitation. Integrates knowledge of clinically relevant pathological conditions into treatment of cardiopulmonary patients with co-morbidities. Prerequisites: PTA102, PTALB2 and BIO 153 with grade of "C" or higher.

### **PTALB4 – Lab for PTA203**

2 credits

PTA LB2 is the application of didactic instruction for PTA102 and a required co-requisite. Skills and performance in PTA LB2 are assessed as a component of PTA 102 and therefore, must be successfully completed in addition to all the requirements for PTA 102. Co-requisite: PTA 102

### **PTA 208 - Physical Therapy Interventions 4**

3 credits

Explores principles of motor behavior in neurological rehabilitation, pediatrics and geriatrics. Emphasizes motor control, motor learning, and neurological therapeutic exercises. Addresses architectural barriers, training in daily living activities, orthotics and prosthetics. Integrates knowledge of clinically relevant pathological conditions into treatment of neurological patients with co-morbidities. Prerequisite: PTA203 and PTALB4 with a grade of "C" or better.

### **PTALB5 – Lab for PTA208**

2 credits

PTALB5 is the application of didactic instruction for PTA208 and a required co-requisite. Skills and performance in PTALB5 are assessed as a component of PTA208 and therefore, must be successfully completed in addition to all the requirements for PTA208. Co-requisite: PTA208.

## **Required Lab Competencies**

### Body Mechanics, Posture, and Safe Patient Handling Techniques

- Patient Mobility

- Bed Mobility

- Transfer Training

- Stand pivot sit transfers

- Sliding Board Transfer

### Wheelchair Mobility and management

- Ambulation with device

- Stair training

- Gait patterns

### Goniometry

- AROM

- A/AROM

- PROM

### Thermal Agents

- Moist Heat / Cryotherapy

- Massage

- Whirlpool

- Paraffin

### **PTA 102:**

#### Ultrasound

- Manual Muscle Testing

- Mechanical Traction

- Cervical

- Lumbar

#### Home Units

- Self-traction

- Intermittent Compression

#### Therapeutic Exercise

- ROM

- Stretch

- Strengthening
- Assisted ROM techniques
- Stabilization exercises
- Exercise Progression
- Balance Activities
- Safe and competent application of physical agent
  - Cold laser
  - Ultraviolet
- Microcurrent electrical nerve stimulation
  - Transcutaneous electrical nerve stimulation
  - Neuromuscular stimulation
  - High Volt pulsed stimulation
  - Interferential current
  - Iontophoresis
  - Electromyographic biofeedback
- Patient Monitoring
  - Scales for pain
  - Check for absent or altered skin sensation positioning and postures that aggravate or relieve pain
  - Skin trauma
  - Patient education for skin care
- Cardiopulmonary data collection
  - Vitals
  - Sputum analysis
  - Chest wall excursion measurement
  - Instruct coughing and breathing techniques
  - Postural drainage / percussion
  - Fitness assessment
  - Aerobic conditioning, % body fat, muscle tightness and weakness
  - Cardiac rehab exercise and safety monitoring

**PTA 208: PTA 4**

Development of Movement

Developmental Reflexes and Reactions

Effective handling

Facilitation of movement

Balance/Coordination

Neuromotor Retraining

Mat activity progression

Therapeutic exercise

Motor learning

Augmented movement

Functional movement progression

Functional training

Gait and locomotion training

Communication

    Patient / Caregiver education

Compensative Strategies

    Safe Patient Handling

    Advanced Wheelchair Management Skills

    Assistive/adaptive devices

    Prosthetics and orthotics

    Protective and supportive positioning devices



## SECTION III: CLINICAL EDUCATION POLICIES AND PROCEDURES

### Clinical Education Definitions and Abbreviations

To ensure proper communication, select definitions concerning clinical education are provided below.

**Academic Coordinator of Clinical Education (ACCE):** The licensed physical therapist employed by the academic institution who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the physical therapy curriculum. The ACCE serves as the liaison between the didactic and clinical components of the curriculum.

**Center Coordinator of Clinical Education (CCCE)/ Site Coordinator of Clinical Education (SCCE):** The licensed physical therapist employed and designated by the clinical facility to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE's primary role is to serve as a liaison between the academic institutions and the clinical facility.

**Clinical Instructor (CI):** The licensed physical therapist or physical therapist assistant employed by the clinical facility who is designated by the Center Coordinator of Clinical Education to instruct, mentor, supervise, and evaluate the physical therapy assistant students in the clinical education setting. The CI is involved with the daily responsibility and direct supervision of student clinical learning experiences.

**Clinical Education Faculty:** The individuals engaged in providing the clinical education components of the curriculum, referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs).

**Clinical Education Site/Facility:** The setting in which learning opportunities in clinical education are provided for physical therapy students. The clinical education site may be a clinic, hospital, home, school, or other setting and is affiliated with the academic institution through a contractual agreement.

**Affiliation Agreement:** The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties. This document is often referred to as the "contract".

**Clinical Site Information Form (CSIF):** The document which is completed by the CCCE at the clinical education facility and provides information about the facility for the ACCE and students.

**Physical Therapist Assistant Clinical Performance Instrument (CPI):** The written or web-based document that is completed by the student and the CI to evaluate the student's performance during the clinical experience.

## Clinical Sites

A Master List of clinical sites is maintained which contains all facilities that have current affiliation agreements with GCC. This list is utilized to generate mailings and facilitate communications with the CCCEs. The information is updated whenever a student, CI, or CCCE provides information of change to the ACCE. Additionally, GCC subscribes to the CSIF Web and encourages students to assist the CCCE in updating or initiating the CSIF on-line. Students may access this information on-line or access paper files in the ACCE office. Student evaluations of clinical sites and instructors are maintained in the clinic site files.

Potential new sites are contacted by the ACCE and affiliation agreements are executed. New sites are provided with PTA program information and clinical education expectations are discussed with CCCEs and CIs. On-site visits, discussions with clinical faculty, and reviews by students, are used in determining the appropriateness of a site. A site will be removed from the list if, in the opinion of the ACCE, the site does not meet the needs of the PTA program or students. In particular, the environment must provide appropriate variety of patients, ample learning opportunities, qualified clinical instruction, timely communications with the ACCE, and provide timely, thorough, and appropriate feedback to students regarding clinical performance. For further clarification, please refer to the APTA's *Guidelines: Clinical Education Sites HOD G06-93-27-52* in Appendix D.

The affiliation contract is periodically updated by the executive secretary for the V.P. for Academic Affairs. Affiliation agreements are confirmed by the ACCE or assigned staff prior to any student being placed at a facility. This review is completed along with confirmation of other contractual components of the affiliation agreement, such as issuance of the liability insurance certificate, and student requirements for medical clearance, health insurance, HIPAA training, and CPR certification.

## Roles and Responsibilities in Clinical Education

### Academic Coordinator of Clinical Education (ACCE)

The ACCE is a licensed physical therapist and college faculty member that administers all components of the clinical education program. The ACCE collaborates with students, faculty members, and clinical partners to provide quality clinical education experiences. Responsibilities include:

- 1) Communication of program policies and procedures with Affiliated Clinical Sites
- 2) Instruction and communication with Clinical Faculty (CCCEs & CIs) regarding student clinical experience
- 3) Maintenance of affiliation agreements and implementation all contractual components

- 4) Scheduling and assignment of students at clinical sites
- 5) Course grading (Instructor of record)
- 6) Program development, monitoring, and revisions
- 7) Support of Clinical faculty development and continuing education
- 8) Maintenance of an adequate number of quality clinical sites and recruit new sites
- 9) Confirmation that all student requirements are met related to medical clearance, liability, and health insurance.
- 10) Administration of student evaluation tool (CPI)

**Center Coordinator of Clinical Education (CCCE)/Site Coordinator of Clinical Education (SCCE):**

The CCCE/SCCE is the facility employee appointed to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE/SCCE's primary role is to coordinate with the ACCE and CI, serving as a liaison between the academic institution and the clinical facility. The CCCE/SCCE is encouraged to refer to APTA guidelines in Appendix C: Guidelines: Center Coordinators of Clinical Education Hod G06-93-29-52. Responsibilities include:

- 1) Assigning a qualified clinical instructor to supervise the student and evaluate their performance
- 2) Communication with ACCE regarding availability of clinical education experiences, scheduling of students, and site-specific requirements.
- 3) Communication directly with the student about site expectations and requirements.
- 4) Review of GCC Clinical Education Policies and Procedures and assist CI in implementation of these.
- 5) Informing ACCE of any incidents or situation that warrant involvement of the ACCE or any facility changes.
- 6) Providing or scheduling of a thorough orientation of the facility and student expectations.
- 7) Supervising the activities of the clinical instructors and students assigned to the clinical site.
- 8) Implementing activities that support clinical instructor skills as clinical educators.
- 9) Updating Clinical Site Information Form (CSIF).
- 10) Providing feedback to the ACCE about strengths and weaknesses of the academic program.

## Clinical Instructor (CI)

The clinical instructor (CI) is a licensed physical therapist or physical therapist assistant, employed by the clinical facility, appointed by the CCCE to provide direct supervision of the PTA student while engaged in the clinical internship. The CI must have a minimum of one year of clinical experience and a valid professional license as a PT or PT Assistant. Additionally, if the CI is a PTA, a physical therapist must be on site and available to assist at all times that the student is engaged in patient care. The CI is encouraged to refer to the APTA guidelines in Appendix E: *Guidelines: Clinical Instructors HOD G06-93-28-52*. The primary responsibilities of the CI include the following:

- 1) Review of GCC Clinical Education Policies and Procedures and the clinical instructor packet, including expectations for the internship (See Forms Section) and directions provided by the school.
- 2) Communication with the student regarding work schedule and hours.
- 3) Reinforce the clinic policies and procedures as outlined by the CCCE/SCCE and the facility's clinical education plan.
- 4) Orient the student to the facility, equipment, staff, patients, and day to day operations of the department.
- 5) Develop, in cooperation with the student, a plan, strategies, and goals spanning the duration of the clinical internship.
- 6) Communicate expectations and objectives clearly to the student in regards to patient care, documentation, billing, and more.
- 7) Communicate, to the ACCE and CCCE/SCCE, any concerns, red flags, problems, incidents, or questions pertaining to the administration of the clinical education program.
- 8) Complete the student evaluation at mid-term and final in a timely manner, along with other documentation as appropriate, including comments to assist in student development.
- 9) Offer regular, constructive, and timely feedback to students regarding clinical performance and assist in development of student goals and strategies for improvement.
- 10) Maintain a safe work environment and adequate supervision of the student during patient care.
- 11) Plan learning experiences and hands-on opportunities to practice and utilize clinical skills appropriate to their level of training and experience.
- 12) Demonstrate professionalism, conduct, and clinical competence that models professional behavior for the student.
- 13) Arrange learning opportunities related to physical therapy that enhance the students understanding of the healthcare environment such as observation of surgery, diagnostic procedures, OT, Speech Therapy, discharge planning meetings, and more.

- 14) Complete and return the required documentation at the completion of the student clinical internship, including completion and sign-off on CPI Web, Clinical Instructor Questionnaire, and evaluation of student in-service forms, and patient surveys.

### **Student Physical Therapist Assistant (SPTA)**

The Student Physical Therapist Assistant has many responsibilities prior to, during, and following the clinical education internship. Failure to complete all required steps may be grounds for cancellation of the internship, removal from clinic, failure of the course, or other academic discipline as warranted.

#### **Pre-Clinic Requirements**

- 1) Submit completed Health Report and Immunization Form to the School Health Office with medical clearance by physician and current PPD.
- 2) Provide copy of current health insurance card or proof of insurance
- 3) Register for clinical course and pay all associated fees
- 4) Complete Student Learning Style Form (See Forms Section) and provide to CI
- 5) Attend Clinic Send-Off session and sign student acknowledgment form (See Forms Section)
- 6) Review Clinical Education Manual and all policies and procedures
- 7) Consult with ACCE 4-6 weeks prior to start of Clinic to attain any further instructions about facility-specific onboarding requirements
- 8) Complete facility forms, training, fingerprinting, drug screen, or other requirements as directed by the CCCE/SCCE.
- 9) Maintain current CPR / First Aid certification
- 10) Inform ACCE of any issues, concerns, or difficulties completing the pre-clinic responsibilities.

#### **During Clinic Requirements**

- 1) Participate in all training required by the facility and follow all policies and regulations.
- 2) Adhere to GCC student code of conduct, APTA Standards of Ethical Conduct, and all clinical education policies and procedures.
- 3) Report any absences to the ACCE and CI in a timely manner and arrange for plan to make up days if necessary.
- 4) Perform in a professional, respectful, and safe manner at all times.
- 5) Submit all work according to the syllabus and student clinical instructions.
- 6) Monitor e-mail daily and respond to ACCE within 24 hours.
- 7) Complete mid-term documentation and final CPI including comments, sign-offs, and summary sections.

- 8) Compete the *PTA Student Evaluation of Clinical Experience and Clinical Instruction* <http://www.apta.org/Educators/Assessments/> at final.
- 9) Adhere to HIPAA and confidentiality rules in all communications.
- 10) Contact the ACCE for assistance or guidance in a proactive manner whenever appropriate.
- 11) Assist CCCE/SCCE in updating the CSIF Web
- 12) Assist CI with CPI set-up and navigation as able.

### **Post Clinic Requirements**

- 1) Assist CI in the completion of the final clinic information and return of materials to the ACCE.
- 2) Submit all materials requested by ACCE in final hard copy format.
- 3) Meet with ACCE for debriefing after final grades are completed.

## **Clinical Site Selection and Assignment Procedure**

Students submit preferences for each clinical affiliation period. The Clinical Preference Form is completed by students indicating their preferred care setting, geographic region, and comments regarding their preferences (See Appendix- Forms). They may also indicate a specific site based on the list of available sites posted. Students may also request the ACCE contact a site that is not listed among the list of available sites. Students are strongly discouraged from making contact on their own. The CSIF may be reviewed on-line and reports from prior students may be accessed so that students can make informed decisions. They are also encouraged to use internet resources to further investigate facilities, staff profiles, and therapy offerings.

Once the preference forms are received, the ACCE will match each student with an appropriate clinical site. The ACCE takes into consideration each student's preferences, student needs, the program policy of a 60-minute maximum commute, and program requirements for internships in a variety of settings. The faculty of GCC reserve the right to make final decisions regarding clinical placements.

In situations where an assigned site becomes unavailable, students will be assigned to an alternate clinical site by the ACCE based on availability, clinical education expectations, academic requirements, student needs identified by faculty, and student preferences.

Individuals with documented disabilities will be offered reasonable accommodations to assure full and independent participation in the clinical education process to the greatest extent possible.

Should the ACCE determine that the clinic site is in a location geographically where student safety may be compromised, that site will be withdrawn from the GCC Clinic Site Master List.

## Clinical Education Eligibility Requirements

Student eligibility for participation in the clinical education portion of the program is determined through successful completion of all pre-requisite coursework. Included in these courses are requirements to demonstrate competency in patient care skills through lab examinations at a 90% competency level, as outlined on the course syllabi. A final comprehensive final lab examination to assess clinic readiness must also be completed satisfactorily at an 80% level. Other requirements include completion of CPR/First Aid certification, evidence of health insurance, and a completed health report including immunization and medical clearance by a physician.

## Clinical Orientation Process

Orientation to the internship process starts with an introduction during the program orientation sessions. Specific concepts are discussed including the three full-time internships, anticipated clinic related expenses, and the other clinic requirements. Once enrolled, the PTA 106 course provides students with clinical preparation including professional behaviors, APTA standard of ethics for PTAs, HIPAA requirements, insurance issues, billing considerations, scope of practice, clinical roles in physical therapy, job demands of the PTA, the NYS practice act, and in-service training.

The PTA Club annually provides sessions which allow for mentoring between 2<sup>nd</sup> year and 1<sup>st</sup> year students, where clinical experiences, tips, and recommendations are shared. Furthermore, each clinical internship is preceded by a Clinic Send-Off session in which the ACCE covers all requirements, policies, procedures, paperwork, use of the CPI, and professional expectations. Review of clinical skills is often integrated into these sessions.

## Clinical Expenses

Students should be aware of additional expenses associated with the clinical education experience. Please review the following list of required (R) and potential (P) clinical expenses and plan your budgets accordingly. Additionally, the required minimum attendance of 37.5 hours/week in clinic may preclude many students from working or sharply reduce your income during clinical periods. **Full-time employment during the clinical internship is highly discouraged, as this may pose a safety risk for both student and clients.**

- (R) \$100.00 - \$400.00 health physical, lab work, immunizations (Your insurance policy may pay for all or part of the cost)
- (R) Medical Insurance that includes hospitalization coverage is required for any student participating in the clinical education component of the curriculum. This coverage may represent a considerable expense for students. Students are advised to consult with their employer for options or state government sponsored programs for eligibility and costs. Proof of health insurance is required prior to each clinical affiliation.

- (R) \$15.00 For Malpractice Insurance per semester (Summer and 2<sup>nd</sup> Spring Semester)
- (R) \$15.00 Student name tag
- (R) Money for gas and car expenses. (Students are expected to provide their own transportation to clinical facilities.)
- (P) Extra child care expenses to accommodate additional time away from the house.
- (P) \$50.00-\$200.00 for tolls and/or parking fees
- (P) \$40.00 - \$60.00 for a white lab coat, depending on the dress code at the facility
- (P) \$50.00 for special footwear, depending on the dress code at the facility \$5.00 to \$7.00 a day lunch, if purchased at the facility
- (P) \$50.00-\$200.00 for appropriate professional attire (clothing, shoes, etc.)
- (P) \$0-150 Criminal Background Check, fingerprinting and drug testing
- (P) \$5-50 Electronic Medical Record user fee
- (P) \$200-\$500 for short-term housing for out-of-state clinical affiliation sites

## **Professional Liability Insurance Coverage**

During internship, GCC students are covered for medical / professional liability by a policy secured by the college. A certificate of coverage is mailed directly to each clinical site prior to the start of the clinical session, outlining coverage amounts as agreed upon in the affiliation agreement. The cost of coverage is billed to the student as a fee associated with the clinical internship in which they are registered.

## **Medical Requirements & Potential Health Risks**

### **Health Insurance Coverage**

Each student is required to provide proof of health insurance including hospitalization coverage. This policy must extend through the full period of each clinical internship period. Proof of coverage must be provided to the ACCE prior to the start of each clinical internship.

GCC has historically offered low cost health insurance coverage to students, however, there have been many changes associated with implementation of the Affordable Care Act. As such, students should consult with the Student Health Center to determine available coverages and eligibility. Students may be eligible for reduced rate coverage through New York State programs or health exchanges and should inquire at least six months prior to the anticipated start of coverage.



## **Health Report / Physical**

PTA students are provided with a health report to be completed by their healthcare provider which must be valid through the last day of the internship. The report includes physical exam, medical clearance to participate in the clinical education, and immunization reporting. This report must be completed within one year of the last day of the scheduled affiliation. As the curriculum is currently structured, students should expect to have two physicals completed over the course of the three internships.

Students will submit a copy of the Health Report to the Student Health Office at GCC and are advised to keep a copy to provide to the clinical site upon request. It is the student's responsibility to submit all necessary health information to clinical sites. The school will not provide this medical information to a clinical site without written permission from the student.

## **Immunizations**

PTA students are required to provide proof of the following:

- 1) Tetanus immunization with booster within the last 10 years.
- 2) PPD test within the last twelve (12) months.
- 3) Measles, Mumps, and Rubella immunization or Titer demonstrating immunity, or documented evidence of having had the disease.

The Center for Disease Control offers additional recommendations for vaccination of healthcare workers. For more information, students are advised to visit the CDC at <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> and further discuss options with their physicians especially under unique environmental emergencies/changes.

The student should contact the CCCE/SCCE regarding any additional health or immunization requirements. Many facilities require the influenza vaccination or will otherwise require the use of a mask during all patient care. Some facilities also require a 2-step ppd test for tuberculosis. The student is responsible for attaining this information and completing all requirements on the clinical site's timeline. While the ACCE will make every effort to assist, it is impossible to keep track of the ever-changing requirements of facilities.

In the event that a student has a change in health prior to or during the internship period, a letter of medical release must be received from a healthcare provider. An absence from clinic beyond three days would require such clearance. Individual clinical sites may have additional requirements.

## **Hepatitis B**

The Hepatitis B series of immunizations is highly recommended for all healthcare workers, but is not mandatory. Students must sign a declination statement should they choose not to receive the series. They are advised to discuss this issue with their physicians.

## **Meningococcal Disease**

Meningococcal vaccine is available and is recommended for healthcare workers. Students should visit the CDC website and discuss options with their physician.

## **Universal Precautions**

Students are instructed in universal precautions in PTA 102 and complete lab training including the use of personal protective equipment, transmission-based precautions, and sterile fields. Students are expected to always use universal precautions when the potential exists for contact with any blood or body fluids. Students are made aware of potential health risks which they may face while on affiliation through PTA 101 and 102 pathology components. Each facility is responsible for providing personal protective equipment, such as masks, gowns, and gloves, necessary for safe patient care.

## **Physical Demands**

The field of physical therapy is physically demanding, therefore the educational preparation for students to successfully meet the high standards of the field is highly structured and carefully regulated. All program students receive thorough instructions in infection control, pathogen exposure, proper body mechanics for lifting, HIPAA, and other pertinent topics prior to attending clinical education courses in the curriculum.

Students are referred to the document entitled 'Essential Functions for Employment as a PTA' for a self-assessment of their abilities to perform the fundamental job duties of a PTA. Students who are lacking in these areas may have difficulty meeting program requirements or gaining employment as a PTA.

## **Student Disability or Limitation**

If a student has a physical condition which would impact his or her ability to provide patient care during a clinical affiliation, the student must inform the clinical coordinator at the clinical site of the condition at least one month prior to the affiliation. The affiliation site will try to make reasonable accommodations in order that the student may practice the role of the PTA to the best of his/her ability. The ACCE will work with the facility to ensure that the student has a successful clinical learning experience. If the clinical site is unable to reasonably accommodate the student with his/her disability, then the ACCE will arrange a reassignment.

## **Temporary Limitations**

Occasionally a student may have a temporary medical limitation such as a recent fracture, pregnancy, or back lifting limitations which would hinder the student's ability to provide quality patient care. It is the student's responsibility to inform the ACCE and the clinical facility of the limitation. If in the eyes of the ACCE and CCCE/SCCE, the student would not be able to safely practice the role of the PTA given reasonable accommodation, the ACCE may decide to postpone the clinical affiliation until a later date when the student can resume the full student PTA responsibilities.

### **Student Absence from Clinical Affiliations**

Occasionally illness, unsafe driving conditions, or a family emergency may necessitate an absence during a clinical affiliation. In the event of an absence, the student should contact both the facility and the ACCE as early as possible on the day of their absence. When possible, the student should make a good faith effort to make up any missed time. The CI may use their discretion in handling any missed time totaling two days or less. In consultation with the CI, the ACCE will determine a plan of action for absences beyond two days; to be sure all clinical goals and requirements have been satisfied.

### **Supervision of Students (Safe work environment)**

Students always work under the supervision of a licensed PT and/or PTA/PT team during clinical rotations. At no time will a student work in a situation where assistance would not be immediately available.

### **Instructor Absence**

In the event of an absence of the assigned clinical instructor, the CCCE/SCCE is responsible for assigning another CI who meets the minimum criteria for the supervision of students. Additionally, the CCCE/SCCE may arrange other experiences that do not involve the student in direct patient care, such as observations of surgery, observation of related disciplines, or other educational experiences.

### **Access to and Responsibility for Emergency Services During Clinical**

Each student must carry their own accident/medical health care insurance. Should a student require emergency medical care during an internship, the clinical facility will provide that care and/or will see that the student receives the care needed. The student is responsible for covering all out of pocket costs for any medical treatment he or she receives. This policy is written in a formal affiliation agreement between by GCC and the clinical facility.

### **Effective Mechanism for Preventing Mistreatment of Students, Faculty and Patients While on Clinical Experiences**

Safe, supportive clinical experiences are of utmost importance in the PTA program. Students are always supervised by a PT or by a PT /PTA team who is in the same building. Should a student be working alone with a patient in a hospital or treatment room, help is always within close calling distance. The ACCE and CCCE/SCCE are in close contact with each student, and are easily available should any problems arise. If the ACCE believes a situation is not safe for a student, the student will be immediately reassigned to another clinical facility. The Clinical Affiliation Agreement specifies that clinic facilities, students and faculty may not discriminate against patients, fellow students, faculty or clinical personnel with regard to age, gender, race, religion, color, national origin, or handicap. The ACCE will reassign a student should such discrimination occur towards the student. The ACCE will discuss the situation with the CCCE/SCCE and CI, and if the problem is not corrected, the site will be withdrawn from GCC's Clinical Facility master list.

Mistreatment of patients is prevented by students being proficient in all academic and laboratory coursework prior to the beginning of each clinical affiliation, and by careful supervision by the Clinical Instructor and CCCE/SCCE. If a CI or CCCE/SCCE reports mistreatment of a patient by a student, the student will be removed from direct patient care. The ACCE, CI, CCCE/SCCE, and student will meet to clarify the issues involved. The ACCE, CI and CCCE/SCCE will agree on the future course of action. Possible actions include dismissal of student from the clinic site with a failing grade, dismissal of student with an IP grade, and expulsion from the PTA program. The GCC Student Code of Conduct extends to student behaviors in the clinical setting and as such, referral of violations may be made to the Dean of Students.

### **GCC Non-discrimination Policy**

In accordance with federal regulations, the New York State Human Rights Law, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, Genesee Community College does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran status, national origin, disability, or sexual orientation in educational programs, activities, admissions, or employment

Individuals with disabilities who provide appropriate documentation will be provided reasonable accommodations to assure access, independence and full participation in the clinical education process. For more information students should contact the coordinator of disability services.

### **Personal Appearance & Dress Code**

- 1) GCC students are expected to present themselves in a professional manner, consistent with the policy of the clinical site in which they are affiliating. The school outlines the following general policy for all clinic related activities and professional events:
- 2) Students must dress in a neat, professional, and appropriate manner when participating in clinical education courses, clinical observations, or professional events.
- 3) Students are expected to practice good personal hygiene habits at all times, maintaining cleanliness of the body and absence of body odor. Deodorant should be worn at all times. Perfume or cologne should not be worn, as they may irritate those with allergies.
- 4) All clothing should be clean and neat in appearance without wrinkles, stains, or flaws. Fit of clothes should be loose enough to allow freedom of movement and maintain coverage of midriff, not exposing undergarments.
- 5) GCC Student Physical Therapist Assistant identification badge must be worn and visible at all times, unless replaced by official facility ID that clearly indicates your name and student status.
- 6) Jewelry must be modest in appearance; a maximum of two earrings in each ear lobe is acceptable. Bracelets, rings and necklaces must be simple and not interfere with treatment or professional appearance. Exceptions are made only for cultural or

- religious mandates. Any other body piercing (ear cartilage, tongue, umbilicus, etc.) must be removed while in clinic.
- 7) Tattoos, if visible, should be managed based upon the clinic facility recommendations and covered if necessary.
  - 8) Shoes must be clean, neat, low in heel height, and safe for physical demands of the job. Sneakers are allowed only with permission from the clinical site, in which case, they should be clean, low top, and in good condition.
  - 9) Jeans, shorts, sweat suits, spandex, tight fitting clothes, or tops which expose the shoulders or stomachs, are not allowed.
  - 10) All hair must be neat in appearance. Long hair must be worn up or tied back off the face. Facial hair must meet facility requirements.
  - 11) Excessive make-up and bright colored nail polish are prohibited. Nails must be short in order to safely perform techniques such as massage. False nails must be removed.

Please remember that you are representing the medical profession and Genesee Community College when you are in clinic. Failure to adhere to the clinic dress code will result in one written warning from the ACCE and the Clinical Instructor. If this warning is not heeded, removal from clinic will result and a grade of "F" will be assigned.

## **Professional Behavior**

Students must exhibit professional behavior at all times. Each student should approach the clinical experience as if it were a job. Promptness, politeness and respect for patients and all members of the health care team are necessary ingredients for success. Proper handling of all protected health information is a mandatory part of respecting your patient's rights. Professional behavior is an important component of the grading for each clinical course as outlined in the course syllabi.

Students must wear an identification tag and inform patients of their status as a Student Physical Therapist Assistant. Furthermore, patients have the right to refuse treatment or care by a student or for any reason at any time. The Clinical Instructor must be informed by the student of any refusal of treatment in order that appropriate care can be provided.

The CCCE may dismiss a student for a violation of a facility or department policy or conduct that is unsafe, unprofessional, or disruptive. No warning or documentation of a previous incident is necessary before this dismissal. For problems or incidents of a serious nature, the ACCE should be contacted immediately at (585) 343-0055 x6402. The ACCE will intervene according to the program policies and college code of conduct and may refer the incident to the Dean of Students for further review.

## **Cell Phones and Electronics**

Cell phones and other electronics are prohibited in patient care areas and should be utilized only in approved areas of the facility during designated break time. Personal photography, videotaping, or recording of any sort is prohibited in patient care areas.

Students should receive orientation to each facility's policies and must adhere to all rules of employee conduct.

## HIPAA - Privacy & Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law enacted by Congress in 1996. This was strengthened and clarified by the 2000 HHS privacy rule, 2003 security rule, the HITECH Act, and 2013 Omnibus HIPAA Final rule. Students complete training through an on-line format and quiz and earn certification. Following all components of HIPAA to maintain patient confidentiality is required throughout the curriculum. Any mis-handling of protected health information will be addressed by the ACCE and may result in grade reduction and/or failure of a clinical internship course. Additional information can be found at [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).

## Clinical Failure

All clinical internships are graded according to the course syllabus and require a minimum grade of "C". Failure of the clinical internship is very rare, however, should a student fail to achieve a grade of "C" or better, the cause will determine the subsequent course of action. Non-academic issues occur far more often than academic or clinical performance issues.

Failures that are determined to be *non-academic* may be related to professional behavior, poor attendance or tardiness, or failure to follow department procedures or regulations. If the student completes the full clinical internship and failed to achieve adequate resolution of problems, despite interventions, then a grade of "F" will be applied. After consultation with the CCCE/SCCE and CI, the Academic Coordinator will meet with the student and program director to determine an appropriate course of action. Alternative courses of action may include, but are not limited to, remedial work related to the area(s) of deficit, repeat of the entire clinical experience, and submission of a detailed plan of action for resolution of any problems identified. A repeat clinical will only be allowed if significant progress has been made by the student in the problem area/s. A repeat assignment is not guaranteed.

If the CCCE/SCCE or CI request that the student be removed from clinic prior to completion of the clinical period, *related to non-academic issues*, a grade of "F" or "IP" will be assigned base on the circumstances. For egregious conduct, a grade of "F" will be assigned and the matter will be referred to the Dean of Students and dismissal from the PTA Program or college is possible. Otherwise, the same protocol will be used as noted above. The ACCE reserves the right to determine the amount of additional clinic time required to meet all learning objectives of the course.

If the failure is the result of *unsatisfactory academic or clinical performance* as outlined on the CPI, the ACCE will consult with the CI and CCCE/SCCE. The ACCE will then meet with the student and program director to determine an appropriate course of action.

This may include remedial work, skill competency re-checks, and a learning contract. A repeat of the clinical education experience will be offered after having met all agreed upon requirements.

Students should note that any of the situations related to clinic failure or necessitating the repeat of any portion of the clinical internship may result in additional expense, delayed graduation, and delayed eligibility for employment. Any additional failures of any PTA course will result in termination of student status in the PTA program as per program policy.

## **Student Academic Appeals**

Students having a complaint concerning an academic matter (for example, a course grade, graduation requirements, transfer credit) may grieve the complaint as follows. (Academic probation status appeals use a separate appeals process.)

- 1) The student must initiate contact with the Academic Standards Committee by submitting a Request to Appeal form either electronically via the Genesee Community College website or by U.S. mail addressed to the Office of the Vice President of Student and Enrollment Services, ATTN: Academic Standards Committee. The form can be found here: [faculty.genesee.edu/senate/appeal.htm](http://faculty.genesee.edu/senate/appeal.htm) or a copy may be obtained from the Office of the Vice President of Student and Enrollment Services. A copy of the appeal form will be forwarded to the Academic Standards Committee Appeals Chair, the Executive Vice President for Academic Affairs, and the course instructor. There is a fifteen-day statute of limitations to initiate contact with the Academic Standards Committee on all student academic appeal issues. This statute of limitations period begins on the first day of the next full semester (Fall or Spring) following the post date of the disputed grade. Exceptions to this statute of limitations may be made on a case by case basis. This decision will be made by the appeals chair.
- 2) Before the appeal process begins, the student must discuss the complaint with the faculty or staff member whose action prompted the complaint. If the complaint is not resolved at this point, the student must then discuss the complaint with the appropriate supervising dean. The appeals chair will verify that these discussions have taken place or facilitate them.
- 3) When a complaint is not resolved to the student's satisfaction, (s)he may appeal to the Academic Standards Committee of the Academic Senate for a decision on the complaint. Copies of this appeal procedure are available in the Office of the Vice President of Student and Enrollment Services.
- 4) Decisions of the Academic Standards Committee may be appealed by the student to the Executive Vice President for Academic Affairs. The decision by the Executive Vice President for Academic Affairs will be final.

## **CPR/First Aid**

A valid CPR certification must be maintained throughout the internship periods. The PTA Club arranges annual opportunities for renewal of CPR/First Aid certification on campus.

## **Criminal Background Check**

Criminal background checks are required by many clinical facilities and often must be completed at the student's expense. There is no consensus or standard level of background check necessary for any particular setting. As such, the criminal background check is completed on a case by case basis at the direction and discretion of the host facility. In the event that a student is declined a placement based on the results of a criminal background check, the ACCE and program director will meet with the student to determine if re-assignment is possible or appropriate. Students should note that "passing" a criminal background check for the purpose of clinical internships does not predict or guarantee that they will be eligible for professional licensure by state licensing authorities.

## **Drug Screen**

The college does not perform drug screening; however, clinical facilities may request that students complete a drug screen before the start of an internship. This may be completed at the student's expense. In the event that a student is declined a placement based on the results of a drug screen, the ACCE and program director will meet with the student to determine if re-assignment is possible or appropriate.

## **Expectations for Students during Clinical Affiliation**

Expectations are described for each clinical affiliation setting and level. These are provided to students and clinical instructors to supplement the learning objectives in each course syllabus. – See 'Expectation for PTA Student Performance' in Forms section of this manual.

## **Clinical Hours**

All three clinical internships are full-time experiences. Full-time is defined as a minimum of 37.5 hours per week. Students are expected to follow the work schedule of their clinical instructor as arranged by the CCCE/SCCE. The internship schedule does not follow the college schedule of holidays or breaks. If a student wishes to request any day off or a change in hours, this MUST be brought to the ACCE first and approved before discussing this with the CCCE/SCCE or CI.

## **Attendance**

Occasionally illness, unsafe driving conditions, or a family emergency may necessitate an absence during a clinical affiliation. In the event of an absence, the student should contact both the facility and the ACCE as early as possible on the day of their absence. When possible, the student should make a good faith effort to make up any missed time.



The CI may use their discretion in handling any missed time totaling two days or less. In consultation with the CI, the ACCE will determine a plan of action for absences beyond two days; to be sure all clinical goals and requirements have been satisfied.

Punctuality is an important component of professionalism and tardiness will not be tolerated. Repeated tardiness or failure to complete agreed upon hours will negatively impact the student's grade and dismissal from the clinical experience may follow at the ACCE or CCCE/SCCE's discretion.

### **Patient Care is the Main Focus**

During each clinical affiliation, students are expected to practice the role of the PTA while treating patients at the clinical site. While observation of patient evaluations, surgeries, and other facets of health care provision are important, they are secondary to participating in direct patient care.

### **Supervision**

The student PTA always practices under the supervision of their CI who is a licensed PT or PTA. A licensed PT must be on site at all times in which the student PTA is engaged in clinical care. The CI reports to his or her immediate supervisor and to the CCCE/SCCE. Students must understand their role and function within this chain of command. After an initial period of orientation to facility equipment and protocols, students will demonstrate their competence to their CI's and then will treat patients using these techniques under the CI's supervision. If a student does not feel he/she can safely perform a specific treatment he/she should inform the CI and practice diligently until they have mastered the treatment and can then work with patients. See Appendix J for the APTA's position on supervision of the student PTA.

### **Practicing the Role of a PTA**

The student is responsible to practice the role of the PTA as detailed by the New York State Practice Act and the APTA. The SPTA must remain within appropriate treatment boundaries and follow the treatment plan as detailed by the PT. The SPTA should practice delegation of appropriate duties to PT Aides, performance of certain administrative duties as required, and should assist in the clinic wherever needed.

## **Evaluation of Student Clinical Performance**

### **Assessment of Clinical Performance**

GCC has implemented the Clinical Performance Instrument (CPI) for the evaluation of student clinical performance during all three internships. Clinical instructors are expected to provide routine and on-going feedback to students. At mid-term and final, they input their formal evaluation findings for the 14 criteria outlined on the PTA CPI Web. Comments are required for each section, including a summary section of strengths and weaknesses. The student will complete a self-assessment using the CPI as well. The mid-term results should be reviewed and used to develop a plan for any remaining time in clinic. The CI and student must electronically sign-off on each other's evaluations. The ACCE will review these evaluations and offer feedback and guidance where appropriate.

At the conclusion of the clinical period, the process is repeated. The final scores on the CPI are utilized in determining if the student has met the clinical requirements of the course.

### **Grading Clinical Education Courses**

The CPI is the primary tool contributing to the grading of the clinical education course, however; additional items are factored into the final course grade. As outlined on each course syllabus, these items may include student communications with the ACCE, weekly question responses, patient surveys, in-service ratings, and various documentation submitted.

### **Contacting the ACCE**

Students, CCCE/SCCEs, and CIs are invited to contact the ACCE proactively with any questions or concerns. The ACCE is available by e-mail at [jalove@genesee.edu](mailto:jalove@genesee.edu) work phone (585) 343-0055 X6366, through CPI alerts, and cell phone. CIs and students are required to formally notify the ACCE when a major deficiency in performance or some other serious concern becomes apparent during a clinical education experience.

### **Clinical Site Visits and Phone Conferences**

The ACCE will arrange a mid-term visit/call with the CI whenever possible. In the event that an on-site visit could not be arranged, a phone visit will be completed with the CI and student. Typically, students will receive on-site visits during at least one out of the three internships. Students are responsible for coordinating these visits by assisting the scheduling of time, date, and location of the visit. These visits typically last approximately 30 minutes, but do not necessarily require the CI to be available during the entire time. Students are asked to assist in coordinating the visit so as to have the least impact on the CIs schedule. It is unrealistic for all visits to occur at the lunch hour and students should work to identify times that are mutually agreed upon. Additional on-site visits or phone follow-up may be scheduled if deemed necessary due to unusual circumstances or student difficulties.

### **In-service Presentation**

Students are required to provide a 15-30-minute in-service (Clinic 2 & 3) to the rehabilitation staff and other interested parties at the internship site. The student should select a pertinent topic, in conjunction with their clinical instructor and CCCE/SCCE. The presentation should utilize current literature and emphasize evidenced-based practice. Handouts, demonstrations, participant activities, and dynamic audiovisuals are strongly encouraged. A reference list should be readily available to any in-service attendees. The student must provide the 'Evaluation of Student In-Service' (see forms section) form to all attendees. These should be collected by the student and CI. The student should write a written summary of the input received from the feedback and reflect on ways to improve their formative instruction to others. Results from the presentation are factored into the student's final grade and will be shared with the student at the post-clinical debriefing meeting.

## SECTION IV: APPENDICES

### Appendix A: Ethical Standards for PTA Students

Students of the PTA program at GCC will follow NYS law, professional standards, and standards of ethical conduct for the PTA. The following APTA standards constitute a code of conduct that extends to our students during internship.

#### Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble: The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

**Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.** (Core Values: Compassion and Caring, Integrity) 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability. 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

**Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.** (Core Values: Altruism, Collaboration, Compassion and Caring, Duty) 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant. 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients. 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide. 2D. Physical therapist assistants shall protect confidential patient and client information and, in

collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.** (Core Values: Collaboration, Duty, Excellence, Integrity) 3A.

Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings. 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions. Standards of Ethical Conduct for the Physical Therapist Assistant HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard] American Physical Therapy Association / 2 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values. 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions. 3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

**Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.** (Core Value: Integrity) 4A.

Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations. 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees). 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students. 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually. 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct. 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

**Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.** (Core Values: Accountability, Duty, Social Responsibility) 5A.

Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations. 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety. 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants. 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel. 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform

their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.** (Core Value: Excellence) 6A. Physical therapist assistants shall achieve and maintain clinical competence. 6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy. 6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.** (Core Values: Integrity, Accountability) 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making. 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions. American Physical Therapy Association / 3 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients. 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided. 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

**Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.** (Core Value: Social Responsibility) 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society. 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services. 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Explanation of Reference Numbers: HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4. P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

*Standards of Ethical Conduct for the Physical Therapist Assistant.* Retrieved May 28, 2021 from [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf)

## Appendix B: NYS Education Law

### Article 136, Physical Therapy and Physical Therapist Assistants

[§6730. Introduction.](#)[§6731. Definition of physical therapy.](#)[§6732. Practice of physical therapy and the use of title "physical therapist".](#)[§6733. State board for physical therapy.](#)[§6734. Requirements for a professional license.](#)[§6735. Limited permits.](#)[§6736. Exempt persons.](#)[§6737. Non-liability of licensed physical therapists for first aid or emergency treatment.](#)[§6738. Definition of physical therapist assistant.](#)[§6739. Duties of physical therapist assistants and the use of title "physical therapist assistant".](#)[§6740. Requirements for certification as a physical therapist assistant.](#)[§6741. Exemption.](#)[§6741-a. Limited permits.](#)[§6742. Special provision.](#)[§ 6742-a. Mandatory continuing education.](#)[§6743. Validity of existing licenses.](#)

#### **§ 6730. Introduction.**

This article applies to the profession of physical therapy and provides for the licensing of physical therapists and for the certification of physical therapist assistants. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

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#### **§ 6731. Definition of physical therapy.**

Physical therapy is defined as:

- a. The evaluation, treatment or prevention of disability, injury, disease, or other condition of health using physical, chemical, and mechanical means including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices, and the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, and developmental deficits of human systems to determine treatment, and assist in diagnosis and prognosis.
- b. The use of roentgen rays or radium, or the use of electricity for surgical purposes such as cauterization shall not be included in the practice of physical therapy.
- c. Such treatment shall be rendered pursuant to a referral which may be directive as to treatment by a licensed physician, dentist, podiatrist, nurse practitioner or licensed midwife, each acting within his or her lawful scope of practice, and in accordance with their diagnosis, except as provided in subdivision d of this section.
- d. Such treatment may be rendered by a licensed physical therapist for ten visits or thirty days, whichever shall occur first, without a referral from a physician, dentist, podiatrist, nurse practitioner or licensed midwife provided that:
  1. The licensed physical therapist has practiced physical therapy on a fulltime basis equivalent to not less than three years.
  2. Each physical therapist licensed pursuant to this article shall provide written notice to each patient receiving treatment absent a referral from a physician,

dentist, podiatrist, nurse practitioner or licensed midwife that physical therapy may not be covered by the patient's health care plan or insurer without such a referral and that such treatment may be a covered expense if rendered pursuant to a referral. The physical therapist shall keep on file with the patient's records a form attesting to the patient's notice of such advice. Such form shall be in duplicate, with one copy to be retained by the patient, signed and dated by both the physical therapist and the patient in such form as prescribed pursuant to regulations promulgated by the commissioner.

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**§ 6732. Practice of physical therapy and the use of title "physical therapist".**

Only a person licensed or otherwise authorized under this article shall practice physical therapy or use the title "physical therapist", "physiotherapist" or "mechanotherapist" or the abbreviation of "P.T." in connection with his or her name or with any trade name in the conduct of his profession.

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**§ 6733. State board for physical therapy.**

A state board for physical therapy shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eight of this title. The board shall be composed of not less than eight licensed physical therapists and not less than one public representative. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner.

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**§ 6734. Requirements for a professional license.**

To qualify for a license as a physical therapist, an applicant shall fulfill the following requirements:

- a. Application: file an application with the department;
- b. Education: have received an education, including completion of a master's degree or higher in physical therapy or determined to be equivalent, in accordance with the commissioner's regulations;
- c. Experience: have experience satisfactory to the board in accordance with the commissioner's regulations;
- d. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
- e. Age: be at least twenty-one years of age;
- f. Character: be of good moral character as determined by the department; and

- g. Fees: pay a fee of one hundred seventy-five dollars to the department for admission to a department conducted examination and for an initial license; a fee of eighty-five dollars for each reexamination; a fee of one hundred fifteen dollars for an initial license for persons not requiring admission to a department conducted examination; and a fee of one hundred fifty-five dollars for each triennial registration period.
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#### **§ 6735. Limited permits.**

- a. The department of education shall issue a limited permit to an applicant who meets all requirements for admission to the licensing examination.
  - b. All practice under a limited permit shall be under the supervision of a licensed physical therapist in a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, a recognized public or non-public school setting, the office of a licensed physical therapist, or in the civil service of the state or political subdivision thereof.
  - c. Limited permits shall be for six months and the department may for justifiable cause renew a limited permit provided that no applicant shall practice under any limited permit for more than a total of one year.
  - d. Supervision of a permittee by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision except that such supervision need not be on-site when the supervising physical therapist has determined, through evaluation, the setting of goals and the establishment of a treatment plan, that the program is one of maintenance as defined pursuant to title XVIII of the federal social security act.
  - e. The fee for each limited permit and for each renewal shall be seventy dollars.
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#### **§ 6736. Exempt persons.**

- a. This article shall not be construed to affect or prevent the administration of physical therapy or the use of modalities by a person employed by a licensed physician or physical therapist in his office, or in the civil service of the state or any political subdivision thereof, or in a hospital or clinic, or in an infirmary maintained by a person, firm or corporation employing one or more full-time licensed physicians or physical therapists, provided that such person was so employed for a period of at least two years prior to April tenth, nineteen hundred fifty, and has been issued a written authorization by the department.
- b. This article shall not be construed to affect or prevent:
  - 1. a physical therapy student from engaging in clinical practice under the supervision of a licensed physical therapist as part of a program conducted in an approved school of physical therapy or in a clinical facility or health care agency affiliated with the school of physical therapy and supervision of a physical therapy student by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision;



2. a physical therapist graduate of an approved program from engaging in clinical practice under the on-site, but not necessarily direct personal supervision of a licensed physical therapist provided the graduate has: (a) applied and paid a fee for the licensing and examination, (b) applied and paid a fee for the temporary permit. This exemption shall not extend beyond ninety days after graduation;
  3. a physical therapist licensed in another state or country from conducting a teaching clinical demonstration in connection with a program of basic clinical education, graduate education, or post-graduate education in an approved school of physical therapy or in its affiliated clinical facility or health care agency, or before a group of licensed physical therapists who are members of a professional society;
  4. a physical therapist who is serving in the armed forces or the public health service of the United States or is employed by the Veteran's administration from practicing the profession of physical therapy, provided such practice is limited to such service or employment.
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**§ 6737. Non-liability of licensed physical therapists for first aid or emergency treatment.**

Notwithstanding any inconsistent provision of any general, special or local law, any licensed physical therapist who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary physical therapy equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physical therapist. Nothing in this section shall be deemed or construed to relieve a licensed physical therapist from liability for damages for injuries or death caused by an act or omission on the part of a physical therapist while rendering professional services in the normal and ordinary course of his practice.

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**§ 6738. Definition of physical therapist assistant.**

- a. A "physical therapist assistant" means a person certified in accordance with this article who works under the supervision of a licensed physical therapist performing such patient related activities as are assigned by the supervising physical therapist. Duties of physical therapist assistants shall not include evaluation, testing, interpretation, planning or modification of patient programs. Supervision of a physical therapist assistant by a licensed physical therapist shall be on-site supervision, but not necessarily direct personal supervision. The number of physical therapist assistants supervised by one licensed physical therapist shall not exceed the

- ratio of four physical therapist assistants to one licensed physical therapist as shall be determined by the commissioner's regulations insuring that there be adequate supervision in the best interest of public health and safety. Nothing in this section shall prohibit a hospital from employing physical therapist assistants, provided they work under the supervision of physical therapists designated by the hospital and not beyond the scope of practice of a physical therapist assistant. The numerical limitation of this section shall not apply to work performed in a hospital, provided that there be adequate supervision in the best interest of public health and safety.
- b. Notwithstanding the provisions of subdivision a of this section, supervision of a physical therapist assistant by a licensed physical therapist, (i) in a residential health care facility, as defined in article twenty-eight of the public health law, (ii) in a diagnostic and treatment center licensed under article twenty-eight of the public health law that provides, as its principal mission, services to individuals with developmental disabilities, (iii) in a facility, as defined in section 1.03 of the mental hygiene law, or (iv) under a monitored program of the office of mental retardation and developmental disabilities as defined in subdivision (a) of section 13.15 of the mental hygiene law, shall be continuous but not necessarily on site when the supervising physical therapist has determined, through evaluation, the setting of goals and the establishment of a treatment plan, that the program is one of maintenance as defined pursuant to title XVIII of the federal social security act. The provisions of this subdivision shall not apply to the provision of physical therapy services when the condition requires multiple adjustments of sequences and procedures due to rapidly changing physiological status and/or response to treatment, or to children under five years of age.
- c. \* For the purposes of the provision of physical therapist assistant services in a home care services setting, as such services are defined in article thirty-six of the public health law, except that the home care services setting shall not include early intervention services as defined in title two-A of article twenty-five of the public health law, whether such services are provided by a home care services agency or under the supervision of a physical therapist licensed pursuant to this article, continuous supervision of a physical therapist assistant, who has had direct clinical experience for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical therapist at the time and place where such services are performed. For purposes of this subdivision "continuous supervision" shall be deemed to include: (i) the licensed physical therapist's setting of goals, establishing a plan of care and determining whether the patient is appropriate to receive the services of a physical therapist assistant subject to the licensed physical therapist's evaluation; (ii) an initial joint visit with the patient by the supervising licensed physical therapist and the physical therapist assistant; (iii) periodic treatment and evaluation of the patient by the supervising licensed physical therapist, as indicated in the plan of care and as determined in accordance with patient need, but in no instance shall the interval between such treatment exceed every six patient visits or thirty days, whichever occurs first; and (iv) a final evaluation by the supervising licensed physical therapist to determine if the plan of care shall be terminated. For purposes of this subdivision, the number of physical therapist assistant's supervised in the home care services

setting by a licensed physical therapist shall not exceed the ratio of two physical therapist assistants to one licensed physical therapist.

\* NB Repealed June 30, 2022

d. \*

1. For purposes of the provision of physical therapist assistant services in public primary or private primary or secondary schools and for preschool children, as that term is defined in paragraph i of subdivision one of section forty-four hundred ten of this chapter, and receiving services thereunder, continuous supervision of a physical therapist assistant, who has direct clinical experience providing age appropriate physical therapy services for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical therapist at the time and place where such services are performed. For purposes of this subdivision "continuous supervision" shall be deemed to include:
  - i. the licensed physical therapist's setting of the goals, establishing a plan of care, determining on an initial and ongoing basis whether the patient is appropriate to receive the services of a physical therapist assistant, determining the frequency of joint visits with the patient by both the supervising licensed physical therapist and the physical therapist assistant, except that in no instance shall the interval, between joint visits, be more than every ninety calendar days, subject to the licensed physical therapist's evaluation;
  - ii. an initial joint visit with the patient by the supervising licensed physical therapist and physical therapist assistant;
  - iii. periodic treatment and evaluation of the patient by the supervising licensed physical therapist as indicated in the plan of care and as determined in accordance with patient need, except that in no instance shall the interval between such treatment exceed every twelfth visit or thirty days whichever occurs first; and
  - iv. notification of the supervising licensed physical therapist by the physical therapist assistant whenever there is a change in status, condition or performance of the patient.
2. This subdivision shall not apply to the provision of physical therapy services when a child's condition requires multiple adjustments of sequences and procedures due to rapidly changing physiologic status and/or response to treatment.

\* NB Repealed June 30, 2020

**§ 6739. Duties of physical therapist assistants and the use of title "physical therapist assistant".**

Only a person certified or otherwise authorized under this article shall participate in the practice of physical therapy as a physical therapist assistant and only a person certified under this section shall use the title "physical therapist assistant".

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**§ 6740. Requirements for certification as a physical therapist assistant.**

- a. Application: file an application with the department;
  - b. Education: have received an education including completion of a two-year college program in a physical therapist assistant program or equivalent in accordance with the commissioner's regulations;
  - c. Experience: have experience satisfactory to the state board for physical therapy in accordance with the commissioner's regulations;
    - 1. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
  - d. Age: be at least eighteen years of age;
  - e. Character: be of good moral character as determined by the department;
  - f. Registration: all certified physical therapist assistants shall register triennially with the education department in accordance with the regulations of the commissioner;
  - g. Fees: pay a fee for an initial certificate of forty-five dollars, and for the biennial registration period ending December thirty-first, nineteen hundred eighty-two a fee of twenty dollars and a fee of fifty dollars for each triennial registration period.
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**§ 6741. Exemption.**

- a. This article shall not be construed to affect or prevent a physical therapist assistant student from engaging in clinical assisting under the supervision of a licensed physical therapist as part of a program conducted in an approved program for physical therapist assistants or in a clinical facility or health care agency affiliated with the program for physical therapist assistants.
  - b. Supervision of a physical therapist assistant student by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision.
  - c. Nothing in this article is intended to affect the overall medical direction by a licensed physician of a physical therapist assistant.
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#### **§ 6741-a. Limited permits.**

- a. The department shall issue a limited permit to an applicant who meets all requirements for admission to the certification examination.
  - b. All practice under a limited permit shall be under the supervision of a licensed physical therapist in a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, a recognized public or non-public school setting, the office of a licensed physical therapist, or in the civil service of the state or political subdivision thereof.
  - c. Limited permits shall be for six months and the department may for justifiable cause renew a limited permit provided that no applicant shall practice under any limited permit for more than a total of one year.
  - d. Supervision of a permittee by a licensed physical therapist shall be on-site supervision and not necessarily direct personal supervision.
  - e. The fee for each limited permit and for each renewal shall be fifty dollars.
- 

#### **§ 6742. Special provision.**

1. Any person who is employed as a physical therapist assistant in a facility satisfactory to the state board for a period of not less than two years prior to the effective date of this article and who does not qualify for certification under subdivision b of section sixty-seven hundred forty of this article may be certified as a physical therapist assistant upon successful completion of an examination approved by the state board of physical therapy in accordance with the commissioner's regulations.
  2. Application for examination for certification pursuant to this section must be submitted not later than January first, nineteen hundred eighty-five. The department shall provide a total of three such examinations. The third examination shall be given not later than April first, nineteen hundred eighty-five. The fee for examination or reexamination shall be twenty-five dollars for each examination. Any person who qualifies for admission to an examination pursuant to this section may practice as a physical therapist assistant in the course of his or her employment in a facility satisfactory to the state board until thirty days after notification of failure to qualify pursuant to this section.
  3. Any person who was employed as a physical therapist assistant for at least two years prior to April first, nineteen hundred eighty-one, and who had attained permanent civil service status as a physical therapist assistant prior to that date, shall be issued written authorization from the department to continue working in that capacity without examination. This authorization shall remain in effect until the person leaves the position in which the civil service status had been granted.
- 

#### **§ 6742-a. Mandatory continuing education. \***

1.
  - a. Each licensed physical therapist and certified physical therapist assistant required under this article to register triennially with the department to practice in the state shall comply with the provisions of the mandatory continuing education requirements prescribed in subdivision two of this section except as set forth in paragraphs (b) and (c) of this subdivision. Licensed physical therapist and certified physical therapist assistants who do not satisfy the mandatory continuing education requirements shall not practice until they have met such requirements, and they have been issued a registration certificate, except that a licensed physical therapist or certified physical therapist assistant may practice without having met such requirements if he or she is issued a conditional registration certificate pursuant to subdivision three of this section.
  - b. Each licensed physical therapist and certified physical therapist assistant shall be exempt from the mandatory continuing education requirement for the triennial registration period during which they are first licensed. In accordance with the intent of this section, adjustment to the mandatory continuing education requirement may be granted by the department for reasons of health certified by an appropriate health care professional, for extended active duty with the armed forces of the United States, or for other good cause acceptable to the department which may prevent compliance.
  - c. A licensed physical therapist and certified physical therapist assistant not engaged in practice, as determined by the department shall be exempt from the mandatory continuing education requirement upon the filing of a statement with the department declaring such status. Any licensee who returns to the practice of physical therapy during the triennial registration period shall notify the department prior to reentering the profession and shall meet such mandatory education requirements as shall be prescribed by regulations of the commissioner.
2. During each triennial registration period an applicant for registration as a licensed physical therapist or certified physical therapist assistant shall complete a minimum of thirty-six hours of acceptable formal continuing education, as specified in subdivision four of this section. Any licensed physical therapist or certified physical therapist assistant whose first registration date following the effective date of this section occurs less than three years from such effective date, but on or after January first, two thousand ten, shall complete continuing education hours on a prorated basis at the rate of one-half hour per month for the period beginning January first, two thousand ten up to the first registration date thereafter. A licensee who has not satisfied the mandatory continuing education requirements shall not be issued a triennial registration certificate by the department and shall not practice unless and until a conditional registration certificate is issued as provided for in subdivision three of this section. Continuing education hours taken during one triennium may not be transferred to a subsequent triennium.
3. The department, in its discretion, may issue a conditional registration to a licensee who fails to meet the continuing education requirements established in subdivision two of this section but who agrees to make up any deficiencies and complete any additional education which the department may require the fee for such a conditional registration shall be the same as, and in addition to, the fee for the triennial registration. The duration

of such conditional registration shall be determined by the department but shall not exceed one year. Any licensee who is notified of the denial of registration for failure to submit evidence, satisfactory to the department, of required continuing education and who practices without such registration may be subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

4. As used in subdivision two of this section, "acceptable formal education" shall mean formal courses of learning which contribute to professional practice in physical therapy and which meet the standards prescribed by regulations of the commissioner. Such formal courses of learning shall include, but not be limited to, collegiate level credit and non-credit courses, professional development programs and technical sessions offered by national, state and local professional associations and other organizations acceptable to the department, and any other organized educational and technical programs acceptable to the department. The department may, in its discretion and as needed to contribute to the health and welfare of the public, require the completion of continuing education courses in specific subjects to fulfill this mandatory continuing education requirement. Courses must be taken from a sponsor approved by the department, pursuant to the regulations of the commissioner.
5. Licensed physical therapist or certified physical therapist assistant shall maintain adequate documentation of completion of acceptable formal continuing education and shall provide such documentation at the request of the department. Failure to provide such documentation upon the request of the department shall be an act of misconduct subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.
6. The mandatory continuing education fee shall be forty-five dollars, shall be payable on or before the first day of each triennial registration period, and shall be paid in addition to the triennial registration fee required by section sixty-seven hundred thirty-four of this article.

\* Effective September 1, 2009

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#### **§ 6743. Validity of existing licenses.**

1. This article shall not be construed to affect the validity of existing licenses and permits or the continuation of any administrative actions or proceedings commenced prior to the effective date of this article.
2. Amendments made to the educational requirement of section sixty-seven hundred thirty-four of this article pursuant to a chapter of the laws of two thousand eleven which amended this section shall not be construed to affect the validity of existing licenses and permits.

Last Updated: March 20, 2019



## **Appendix C: Guidelines – Center Coordinators of Clinical Education**

### **HOD G06-93-29-52**

1.0 The center coordinator of clinical education (CCCE) has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.

2.0 The center coordinator of clinical education demonstrates effective communication and interpersonal skills.

3.0 The center coordinator of clinical education demonstrates effective instructional skills.

4.0 The center coordinator of clinical education demonstrates effective supervisory skills.

5.0 The center coordinator of clinical education demonstrates effective performance evaluation skills.

6.0 The center coordinator of clinical education demonstrates effective administrative and managerial skills.

(See also Board of Directors Guidelines: Center Coordinators of Clinical Education)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical

Education Affairs Department, x3203) [Document updated: 12/14/2009]

### **Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure





## **Appendix D: Guidelines - Clinical Education Sites**

### **HOD G06-93-27-52**

- 1.0 The philosophy of the clinical education site and provider of physical therapy for patient/client care and clinical education is compatible with that of the academic program.
- 2.0 Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the individual student.
- 3.0 Physical therapy personnel provide services in an ethical and legal manner.
- 4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
- 5.0 The clinical education site demonstrates administrative support of physical therapy clinical education.
- 6.0 The clinical education site has a variety of learning experiences available to students.
- 7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
- 8.0 Selected support services are available to students.
- 9.0 Roles and responsibilities of physical therapy personnel are clearly defined.
- 10.0 The physical therapy personnel are adequate in number to provide an educational program for students.
- 11.0 A center coordinator of clinical education is selected based on specific criteria.
- 12.0 Physical therapy clinical instructors are selected based on specific criteria.
- 13.0 Special expertise of the clinical education site personnel is available to students.
- 14.0 The clinical education site encourages clinical educator (CI and CCCE) training and development.
- 15.0 The clinical education site supports active career development for personnel.
- 16.0 Physical therapy personnel are active in professional activities.

- 17.0 The provider of physical therapy has an active and viable process of internal evaluation of its affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.

(See also Board of Directors Guidelines: Clinical Education Sites)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, x3203)

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18. P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



## **Appendix E: Guidelines -- Clinical Instructors**

### **HOD G06-93-28-52**

- 1.0 The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
- 2.0 The clinical instructor demonstrates effective communication skills.
- 3.0 The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships.
- 4.0 The clinical instructor demonstrates effective instructional skills.
- 5.0 The clinical instructor demonstrates effective supervisory skills.
- 6.0 The clinical instructor demonstrates performance evaluation skills.

(See also Board of Directors Guidelines: Clinical Instructors)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, x 3203) [Document updated: 12/14/2009]

### **Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes;

the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

## **Appendix F: Affiliation Agreement**

### **AFFILIATION AGREEMENT GENESEE COMMUNITY COLLEGE BATAVIA, NEW YORK PROGRAM IN PTA**

**THIS AGREEMENT**, made this day of \_\_\_\_\_, \_\_\_\_\_, by and between the Genesee Community College, an institution of higher education organized and existing under the laws of the State of New York, with its principal place of business located at One College Road, Batavia, New York 14020, and Aaron Manor Rehabilitation & Continuing Care Center located at 100 Saint Comillus Way Fairport, NY 14450 hereinafter referred to as "the Host Institution."

#### **WITNESSETH:**

**WHEREAS**, Genesee Community College desires to have certain students receive clinical fieldwork experience at the Host Institution; and

**WHEREAS**, the Host Institution is willing to accept said students from Genesee Community College for such purposes and upon the terms and conditions hereinafter set forth.

**NOW, THEREFORE**, it is mutually understood and agreed by and between the parties hereto as follows:

1. Genesee Community College may send to the Host Institution students in designated numbers and at such times as shall be agreed upon by the parties. The specific period spent at the Host Institution will be consistent with the curriculum obligations for clinical fieldwork experience. Genesee Community College will notify the Host Institution of its planned schedule of student assignment at the Host Institution.
2. All training and clinical fieldwork experiences shall be the responsibility of Genesee Community College faculty unless arrangements are made for the educational experience to be provided by the Host Institution personnel. To assist them in the education of the students, such arrangements, which will include rights and privileges granted to the Host Institution's staff, are to be agreed to by Genesee Community College and the Director of the Host Institution. Any academic or clinical appointments shall automatically terminate upon termination of this agreement.
3. Genesee Community College, with the Host Institution's approval, shall select students for clinical fieldwork experience and shall forward the names of the students to the Host Institution prior to each semester. At the Host Institution's option, a pre-placement interview may be required.
4. The Host Institution shall make available appropriate fieldwork experiences (consistent with patients' rights) enabling students to meet the objectives of the educational program.
5. All evaluations by students relating to the Host Institution staff and experiences at the Host Institution will be made available to the Director of the Host Institution.

6. Genesee Community College and the Host Institution shall maintain on-going communication to coordinate the scheduling of academic and clinical fieldwork experience including reciprocal on-site visits and participation in faculty and staff meetings.
7. The Host Institution will make available facilities for instruction, as well as conference room, library and cafeteria facilities for faculty and students at Genesee Community College.
8. Genesee Community College will provide evidence that the assigned students have had a tuberculin PPD-tine test not more than 12 months prior to their assignment to the Host Institution and that the result of the test is negative. Genesee Community College will provide evidence of health insurance coverage.
9. In the case of emergency during the clinical fieldwork experience, the Host Institution will see that emergency care is provided to students and faculty. Such emergency care, and any care that requires medical attention or hospitalization is the financial responsibility of the student or faculty to whom care is provided.
10. The students shall not be deemed employees of the Host Institution nor shall any monetary consideration be paid with respect to any activity arising out of the clinical training relationship established by this agreement. The Host Institution shall pay no monetary consideration of any kind to students or faculty without prior agreement from Genesee Community College.
11. Genesee Community College shall advise students of their responsibility to conduct themselves in accordance with the Host Institution's rules and regulations. The Host Institution will provide each student with a copy of all such rules and regulations and the students will be responsible for this information. The Host Institution reserves the right to dismiss at any time, any student whose condition or conduct jeopardizes the wellbeing of the patients or employees of the Host Institution. Unless unusual circumstances occur, such dismissal shall not occur without prior consultation with Genesee Community College.
12. The students must be knowledgeable of the fact that all information concerning patients is confidential and is not to be released to any person without approval from the Director of the Host Institution.

**The students and faculty shall respect the confidential nature of all information that they have access to, including but not limited to patient's personal health information provided to them orally, contained in patient medical records or maintained on the Host Institution's electronic system.**

The College shall advise all students and faculty of the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance and Portability and Accountable Act, to the extent applicable. In addition, the College agrees to provide students and faculty with the training in the requirements of privacy and security provisions of HIPAA and to advise them of the importance of complying with Host Institution's policy and procedures.

The Host Institution agrees to provide students and faculty with training regarding the Host Institution's policies and procedures relative to HIPAA.

The College and Host Institution acknowledge that students and faculty may use patient's personal health information for educational purposes at the Host Institution and the College. To the extent practicable, all information used for such purposes shall be appropriately deidentified so as to remove all data that may be used to connect such information back to the patient to whom it relates.

13. Genesee Community College faculty engaged in carrying out the provisions of this agreement at the Host Institution shall be advised by the Host Institution of its rules and regulations with which they are expected to comply. The Host Institution shall provide each Genesee Community College faculty member under this agreement a copy of such rules and regulations. At the request of the Host Institution, Genesee Community College shall immediately suspend from the Host Institution any faculty member who fails to obey such rules.
14. If either party wishes to terminate this agreement, it is understood that written notice will be given to the other party at least one year in advance of such termination. Students then enrolled in or scheduled for the clinical fieldwork experience at the Host Institution will have the opportunity to complete their educational experience at the Host Institution. This agreement will be reviewed annually and automatically renewed for one year unless written notice of intent to modify this agreement is given by either party at least 90 days prior to the renewal date.
15. The Host Institution and Genesee Community College will not discriminate against any employee, applicant or student enrolled. Students will be accepted and assigned to jobs and otherwise treated without regard to age, gender, race, religion, color, national origin, or handicap.
16. The parties hereto recognize that in the performance of this contract the greatest benefits will be derived by promoting the interests of both parties. Both parties, therefore, enter into this contract with the intention of loyally cooperating with the other in carrying out the terms of this contract. Each party agrees to interpret its provisions insofar as it may legally do so, in such a manner as will best promote the interest of both parties and render the highest service to the public.
17. Notwithstanding that joint or concurrent liability is imposed on the Parties hereto by statute, law, ordinance, rule, order or regulation, each party hereto shall defend and indemnify the other, its agents, students, servants, employees, directors and trustees against any claim, judgment, liability or expense of any nature caused by the negligence, act or omission of said party, its agents, students, servants, employees, directors or trustees in the performance of said party's obligations under this agreement, to the fullest extent permitted by law, except to the extent caused by the indemnified party's negligence, or the negligence of the indemnified party's agents, students, servants, employees, director or trustees. Genesee Community

**College shall maintain liability insurance during the term of this agreement, including professional liability insurance with limits of \$1,000,000 for bodily injury and property damage combined single limit, and general aggregate of \$3,000,000. In addition, umbrella coverage provides \$15,000,000 over and above student health and professional insurance, and the Host Institution is to be additionally named insured under such liability policy or policies. It is agreed that the persons insured under such policy shall also include faculty of Genesee Community College with respect to liability arising out of their participation in the clinical training program carried out under this agreement. Genesee Community College agrees that the Host Institution will receive no less than ten (10) days written notice prior to the cancellation, modification or nonrenewal of any insurance coverage.**

18. All notices to parties hereunder must be in writing signed by the party giving it, and shall be served either personally or by certified mail, return receipt requested, and addressed as follows on the following page:

**IN WITNESS WHEREOF**, each party hereto has caused this agreement to be executed by its duly authorized officer the day and year first above written.

**GENESEE COMMUNITY COLLEGE**

By \_\_\_\_\_ Date \_\_\_\_\_

**Kathleen M. Schiefen, Ph.D.**

**Provost and Executive Vice President for Academic Affairs**

**HOST INSTITUTION**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

## Appendix G: Rights and Privileges of Clinical Faculty

As clinical faculty, you play a vital role in the successful professional development of our future physical therapist assistants. You are thereby entitled to the following:

- Borrowing privileges through the GCC library
- NYS Continuing Education Credits are awarded 0.25 hour of continuing education for each two-week period of supervision per student, capped at 6 hours per three-year registration period per New York State Education Office of Professions ([www.op.nysed.gov/prof/pt/ptceapplicantinfo.htm](http://www.op.nysed.gov/prof/pt/ptceapplicantinfo.htm))
- Local and remote access to online medical databases
- Web-guides to assist in library research for particular areas of interest
- Invitation to workshops and CEU bearing courses sponsored through the PTA program at GCC
- Use of professional videotaping services at GCC, as available
- Faculty rates to all GCC Theater and Musical events
- Assistance in filling staff vacancies – College Career Center Services Appendix H: PT (PTA) CPI Web Access and Instructions

### **Step #1**

Complete the free online training course titled “PTA CPI” through the APTA Learning Center. Please utilize the link below. The ACCE will also e-mail guides for this process. The training is free for anyone, although you will be asked to “purchase” the free course.

***\*\*Note: The PTA CPI training is NOT the same as the PT training. This is a one-time training only, although PTs will need to complete the PTA CPI training, even if they had previously completed the PT version.***

[learningcenter.apta.org/](http://learningcenter.apta.org/)

### **Step #2**

The PTA CPI Web can be accessed through the APTA CPI Web using the following link:

[cpi2.amsapps.com/user\\_session/new](http://cpi2.amsapps.com/user_session/new)

Your username is the full e-mail address that you have provided to the school. It will ask for a password which you will set-up by choosing the first-time log-in TAB. If you have logged-in previously, you will use the same password or select Re-set Password.

### **Step #3**

You may utilize tools within the CPI Web to contact the ACCE, file critical incident reports, or access tutorial on various features available to clinical instructors. The link below offers additional support and instructions for the CPI and CSIF programs.

[www.academicsoftwareplus.com/Products/ClinicEval/ClinicalAssessmentSuiteDocuments](http://www.academicsoftwareplus.com/Products/ClinicEval/ClinicalAssessmentSuiteDocuments)



# **APPENDIX I: CHART - SUPERVISION OF STUDENTS UNDER MEDICARE**

## **MEDICARE GUIDELINES FOR SUPERVISING PHYSICAL THERAPY STUDENTS**

Last Updated: 10/08/10 Contact: [advocacy@apta.org](mailto:advocacy@apta.org)

### **Implementing MDS 3.0: Use of Therapy Students**

As facilities continue to change their current practices to implement the Minimum Data Set Version 3.0 (better known as MDS 3.0), one of the emerging issues is the manner in which they document and utilize therapy students. Under the new rules, in order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). In addition, the supervising therapist or assistant cannot engage in any other activity or treatment when the resident is receiving treatment under Medicare Part B. However, for those residents whose stay is covered under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals and the therapist or assistant must be able to immediately intervene or assist the student as needed while the student and resident are both within line of sight supervision. For example, under Part A, the therapist or assistant could be attending to paperwork while supervising the student and resident.

Under Medicare Part A, when a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- ☐ The therapy student is treating one resident and the supervising therapist or assistant is treating another resident and the therapy student and the resident the student is treating are in line of sight of the supervising therapist or assistant; or
- ☐ The therapy student is treating two residents, both of whom are in line of sight of the therapy student and the supervising therapist or assistant, and the therapist is not treating any residents and not supervising other individuals; or
- ☐ The therapy student is not treating any residents and the supervising therapist or assistant is treating two residents at the same time, regardless of payer source, both of whom are in line of sight.

The student would be precluded from treating the resident and recording the minutes as concurrent therapy under Medicare Part B.

Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- ☐ The therapy student is providing the group treatment and all the residents participating in the group and the therapy student are in line of sight of the supervising therapist or assistant who is not treating any residents and is not supervising other individuals (students or residents); or
- ☐ The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident.

Under Medicare Part B, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- ☐ The therapy student is providing group treatment and the supervising therapist or assistant is present and supervising therapist or assistant is providing group treatment and the therapy student is not providing treatment to any resident.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2010. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at [advocacy@apta.org](mailto:advocacy@apta.org) or at 800.999.2782 x8533.

## Appendix J: Chart – Supervision of Student Physical Therapist Assistants

Last Updated: 08/15/12 Contact: [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org)

SUPERVISION OF STUDENT PHYSICAL THERAPIST ASSISTANTS HOD P06-11-09-17 [Amended HOD P06-00-1931; HOD 06-96-20-35; HOD 06-95-20-11] [Position]

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.

Relationship to Vision 2020: Autonomous Practice; Professionalism; (Practice Department, x3176)

Explanation of Reference Numbers: BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

## **SECTION V: CLINICAL FORMS**

The following pages show clinical forms.

## Clinic Visit Form

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

If you need any help please contact The ACCE Director at [pta@genesee.edu](mailto:pta@genesee.edu)

**Visit Type:** (Choose one) On-site or Phone

General Site Check	Yes	No	Comments/Plan:
CI or CCCE/SCCE questions?			
Clinical Ed. Program and Facility expectations being met?			
CI need resources/support from ACCE?			

**Clinical Instructor Effectiveness:** Enter # 1=very poor, 2=poor, 3=fair, 4=good, 5 =excellent

Activity/Observation	1	2	3	4	5
CPI Web training is complete					
CI comments are constructive and thorough					
Areas for student improvement are identified (Initial and mid-term)					
Exemplifies role as a professional					
Available and receptive to student needs or learning style					
Implements program according to school and facility policies					

Clinical Instructor Effectiveness AVERAGE: \_\_\_\_\_

**Student Progress:** Please fill in progress for the applicable categories below.

Red Flags / Incidents:

Professionalism:

Communication:

Safety:

Strengths:

Goals /Plan:

Academic Coordinator \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

(JAL 5/2021)

# Patient Survey

## Genesee Community College PTA Program

**Patient Directions:** Please place an X in the appropriate box for each item. Thank you for your part in this student's education!

PTA Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Questions About the Physical Therapist Assistant	Excellent (4)	Good (3)	Average (2)	Below Average (1)	Don't Know (N/A)
My Physical Therapist Assistant (PTA) student seems interested in me as a person.					
My PTA student is a good listener and works hard to understand the issues I'm facing.					
My PTA student clearly explains the treatments given.					
I feel safe and comfortable during my treatment sessions.					
My PTA student is able to teach me and my family about my condition.					
I would recommend this student to the supervising therapist.					

If I could give my PTA student one piece of advice, it would be: \_\_\_\_\_

*Thank you!*

(Last updated 2021)

## Evaluation of Student In-Service

Presenter's Name \_\_\_\_\_ Date \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Please circle your ratings of this presentation for each item presented below. Be as specific as possible in making your comments. Your evaluation and suggestions will be of great help in designing future presentations.

Item	Rating					Comments - Suggestions
	Excellent	Very Good	Good	Fair	Poor	
My overall rating of this presentation is:	5	4	3	2	1	
The organization and clarity of this presentation was:	5	4	3	2	1	
The content of this presentation was:	5	4	3	2	1	
The practice activities provided in this presentation were:	5	4	3	2	1	
The audio-visual materials used in this presentation were:	5	4	3	2	1	
The extent to which the speaker stimulated my interest in the subject was:	5	4	3	2	1	
The speaker's ability to facilitate group discussion in this presentation was:	5	4	3	2	1	
The handout used in this presentation was:	5	4	3	2	1	
I will be able to apply this content in my work setting:	5	4	3	2	1	

Please list the strengths and weaknesses of this presentation:



## Weekly Planning Form

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Instructor (CI): \_\_\_\_\_

Experience Week Number: \_\_\_\_\_

### STUDENT'S REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/ guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

### CI'S REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/ guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

**GOALS FOR THE UPCOMING WEEK OF** \_\_\_\_\_

Student's Signature: \_\_\_\_\_

CI Signature \_\_\_\_\_

Adapted from: APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, VA, September 2005: Section IV-7.

**Health Report**  
***TO BE COMPLETED BY***  
***THE HEALTH CARE PROVIDER***

**NOTE:** In order for this student to participate in the clinical education component of the PT Assistant program at GCC, the following health report and immunization form must be completed annually. After completion, the student will need to submit a copy of this report to the Student Health Office at GCC. Students that fail to submit this form, in advance of the scheduled affiliation dates, will **NOT** be allowed to proceed to clinic.

**Student's Name** \_\_\_\_\_

**MEDICAL HISTORY:** \_\_\_\_\_

1. Immunes/Allergies and Communicable Diseases \_\_\_\_\_
2. Neurological Impairment \_\_\_\_\_
3. Mental Illness / Psychological issues \_\_\_\_\_
4. Cardiopulmonary Deficiencies or Limitations \_\_\_\_\_
5. Musculoskeletal Injury / impairment \_\_\_\_\_
6. Endocrine Dysfunction \_\_\_\_\_
7. Hearing or Vision Impairment \_\_\_\_\_

Other conditions that may impact the ability of the student to work with assigned patients:

\_\_\_\_\_

This student is free of physical or mental impairments that would interfere with the safe administration of physical therapy care in a hospital, outpatient, or other rehabilitation setting:

**Yes**                      **No**

If no, please indicate the limitation or necessary restrictions and timeframe:

\_\_\_\_\_

**Physician's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Additional documentation may be required should a health problem arise while the student is enrolled in the PT Assistant Program.

## IMMUNIZATION FORM – TO BE COMPLETED BY PHYSICIAN

Student's Name: \_\_\_\_\_

### **REQUIRED IMMUNIZATIONS**

Measles, Mumps, Rubella (MMR): (2 doses) Dates \_\_\_\_\_

--OR--

Titers Demonstrating Immunity to: Measles -Date \_\_\_\_\_ Result \_\_\_\_\_

Mumps -Date \_\_\_\_\_ Result \_\_\_\_\_

Rubella - Date \_\_\_\_\_ Result \_\_\_\_\_

Varicella (Chickenpox) History of Disease \_\_\_\_\_ Date \_\_\_\_\_

If **no history**, a titer must be done to demonstrate immunity

Titer Date \_\_\_\_\_ Result \_\_\_\_\_

If titer is negative, two vaccinations must be administered, 4–8 weeks apart.

#1 Date \_\_\_\_\_

#2 Date \_\_\_\_\_

Td (Tetanus–diphtheria) Booster within 10 years Date \_\_\_\_\_

### **REQUIRED TUBERCULIN TESTING**

ONLY MANTOUX/PPD ARE ACCEPTABLE FOR TESTING – NOT TINE

DATE \_\_\_\_\_ TEST: Mantoux or PPD Result \_\_\_\_\_ Read by: \_\_\_\_\_

If there is no evidence of a previous PPD test within the past 12 months, a repeat PPD test should be completed 2–to–3 weeks later. Date \_\_\_\_\_ Result \_\_\_\_\_ Read by: \_\_\_\_\_

Chest X–ray only if Tuberculin Test is positive Date \_\_\_\_\_ Result \_\_\_\_\_

Currently asymptomatic? \_\_\_\_\_

### **RECOMMENDED HEPATITIS B VACCINATION**

Declination Statement: I have been advised of the recommendation that all health care workers receive the Hepatitis B Vaccine series and I decline this immunization.

Student Signature: \_\_\_\_\_

-OR-

Hepatitis B Vaccination has been administered prior to the start of the first clinical period.

Date #1 \_\_\_\_\_ Date #2 \_\_\_\_\_ Date #3 \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

# APTA STUDENT EVALUATION

<https://www.apta.org/for-educators/assessments>



## [Assessments in Physical Therapy Education | APTA](#)

APTA is dedicated to supporting the education of physical therapy students and the effectiveness of education programs through data collection, reporting, and standardization.

[www.apta.org](http://www.apta.org)

# Genesee Community College - Clinical Experience Mid-Term Evaluation Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Clinical Experience \_\_\_\_\_ Clinical Instructor \_\_\_\_\_

	Significant Concerns	Never	Rarely	Sometimes	Very Often	Always	Unable to Assess
<b>During the course of this clinical experience, the PTA Student:</b>							
<b>Safety:</b> Practices in a safe manner that minimized the risk to patient, self and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Behavior:</b> Demonstrates professional behavior in all situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accountability:</b> Practices in a manner consistent with established legal and professional standards and ethical guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication:</b> Communicates in ways that are congruent with situational needs including cultural competency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical Reasoning:</b> Applies current knowledge and theory, clinical judgment, and the patient's values and perspective in patient management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Significant Concerns	Never	Rarely	Sometimes	Very Often	Always	Unable to Assess
<b>During the course of this clinical experience, the PTA Student:</b>							
<b>Data Collection:</b> Performs competent data collection and assessments related to goals and progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Procedural Interventions:</b> Performs physical therapy interventions in a competent manner following PT Plan of Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Areas of Strength:**

**Areas for Development:**

**(Student Only) Plan for Development:**

CI Signature\_\_\_\_\_Date\_\_\_\_\_

Student Signature\_\_\_\_\_Date\_\_\_\_\_

(JAL 05/2021)

## Student Clinic Stratagem Form

Name: \_\_\_\_\_

Clinical Instructor: \_\_\_\_\_

1. Describe what you consider to be your strengths.
2. Describe what you consider to be your challenges.
3. My learning style preferences are: (Rank in order #1 most preferred #4 least)  
  
\_\_\_\_ Reading/Writing  
\_\_\_\_ Hearing/auditory  
\_\_\_\_ Seeing/visual  
\_\_\_\_ Hands-on/kinesthetic
4. When being supervised performing a **new** activity/task I prefer  
\_\_\_\_ Close supervision during activity/task with discussion following  
\_\_\_\_ Line of sight supervision with discussion following
5. What are your goals for this affiliation?
6. When learning something new, I prefer:  
\_\_\_\_ Looking at the whole process first then working on the specifics (Global)  
\_\_\_\_ Get to the details first and look at the whole process later (Sequential)
7. Do you have any special areas of interest in Physical Therapy?

(JAL 05/2021)



## **Expectation for PTA Student Performance in Outpatient Facilities**

For students in Clinic 1, 2 and 3

A. Students should be able to demonstrate competence in the following areas by the end of the affiliation:

1. Goniometry
2. MMT
3. Universal precautions/Sterile Techniques
4. Locomotor/Gait Training – Select, fit and demo of appropriate device and gait pattern.
5. Monitoring vital signs

B. In addition to performing the following interventions, students should be able to provide appropriate treatment rationale, indications and contraindications:

1. Hot and cold packs
2. Ultrasound
3. Whirlpool
4. Traction- cervical and lumbar
5. Stretching
6. Massage
7. Joint mobilizations- Grades 1 and 2 only, no spinal mobilization
8. Therapeutic exercise using weights, pulleys, theraband, BAPS board, exercise bike, treadmill, etc.
9. AROM, PROM, A/AROM
10. Intermittent Compression

C. Students should be competent in documentation of patient's treatments according to a format used by the particular facility

D. Student's should be able to safely follow THR, TKR, Rotator Cuff, and ACL rehabilitation protocols.

E. Students should be able to demonstrate spinal mobility and stabilization exercises.

F. Students should prepare, maintain and clean up treatment area

G. Additional exposure to any of the following would be beneficial:

1. Electrical Stimulation
2. Soft tissue mobilization therapy
3. Kinesio Taping / McConnell taping
4. Therapy Ball Activities
5. Observe / Assist in components of PT Evaluations
6. Other exercise equipment
7. Vestibular rehab

## **II. Clinic 2 and 3**

I. In addition to the expectations mentioned for all students, clinic 2 and 3 students should demonstrate competence by the end of the affiliation in the following areas:

A. Interventions

1. Electrical Stimulation
2. Ultraviolet and Cold Laser
3. Posture assessments

B. Students should be working on:

1. Organizing treatment sessions
2. Understanding exercise progressions
3. Treating two or more patients at a time
4. Delegating appropriate duties to a PT aide
5. Performing administrative duties such as patient scheduling, billing and answering phones
6. Communication skills with patients and therapists

C. All clinic 2 and 3 students must provide a 15 to 30-minutes in-service

## **III. Clinic 3**

By the end of clinic 3, students should be carrying their own caseload (uncomplicated patients) and be functioning at entry-level as a PTA.

## **Expectations for PTA Student Performance In-Patient Affiliations**

**All Students** (Clinic 1, Clinic 2, and Clinic 3) **should:**

1. Treat patients safely at all times.
2. Adhere to universal precautions, using sterile techniques where appropriate.
3. Be able to fit, instruct, demonstrate, and train patients with a variety of assistive devices, teaching appropriate gait patterns and appreciating patients weight bearing status levels of assistance needed.
4. Recognize situations where assistance is necessary and request assistance whenever appropriate.
5. Gain an appreciation and working knowledge of physiological tolerance levels to exercise and ambulation following surgery, or while dealing with acute illness, trauma or multiple diagnoses.
6. Be able to locate appropriate patient information from patient chart.
7. Be comfortable working at bedside around a variety of medical equipment, such as respiratory equipment, IV tubes, etc.
8. Understand THR and TKR Protocols and implement safe and appropriate treatments accordingly.
9. Be able to demonstrate and/or teach PROM, AROM, A/AROM, bed mobility and orthopedic exercise programs and perform appropriate progressions.
10. Develop communication skills with patients, families, PT personnel, and other medical staff.
11. Appreciate the role of the PTA as a member of the multi-disciplinary team and practice within the PTA scope of practice.
12. Document patient treatments in a format appropriate to each facility.
13. Demonstrate competency in MMT and goniometry.
14. Attend to and consider the emotional needs of patients and family.

**During Clinic 2 and Clinic 3 students should:**

1. Be able to organize patient treatment safely and appropriately.
2. Delegate to aides when appropriate.
3. Work on improving on time management skills.
4. Participate in pre - and post- operative education including demonstrating proper breathing and coughing patterns following surgery.
5. Appreciate exercise tolerance levels for cardiac patients and implement PT treatments accordingly.
6. Provide a 15 to 30 minutes in-service to PT Personnel.

7. Recognize gait deviations and understand proper treatment.
8. Appreciate functional goals progressing to optimal level of independence as well as appreciate improved quality of life issues with patients.

**Recommended Experiences:**

1. View surgery, preferably orthopedic
2. Participate in care plan or multi-discipline meeting
3. Observe and assist in components of the PT evaluations
4. Treat patients using Postural Drainage or respiratory interventions.
5. Participate in wound care including physical agents as appropriate.
6. Set-up CPM machine and other post-operative devices (compression)
7. Participate in pertinent In-services within the facility
8. Seek exposure to a wide a variety of patient diagnoses and patient age groups (Ex: burns, COPD, CVA, THR, TKR, fx's, SCI, Brain injury, pediatrics, etc.)

## **Expectations for PTA Student Performance in Neurological-related/ Specialty Affiliations**

The following list of expectations for PTA students during Clinic #3 may, not be appropriate for all facilities, as the nature of care may vary widely.

### **General Expectations for all Neurological-related/Specialty Affiliations:**

1. Treat patients safely at all times.
2. Adhere to universal precautions, using sterile techniques where appropriate.
3. Be able to fit, instruct, demonstrate, and train patients with a variety of assistive devices, teaching appropriate gait patterns and appreciating patients weight bearing status levels of assistance needed
4. Recognize situations where assistance is necessary and request assistance whenever appropriate.
5. Gain an appreciation and working knowledge of physiological tolerance levels to exercise and ambulation following surgery, or while dealing with acute illness, trauma or multiple diagnoses.
6. Be able to locate appropriate patient information from patient charts.
7. Be comfortable working at bedside around a variety of medical equipment.
8. Be able to organize patient treatment safely and appropriately.
9. Be able to demonstrate and/or teach PROM, AROM, AAROM, bed mobility and various exercise programs and perform appropriate progressions.
10. Develop communication skills with patients, families, PT personnel, and other medical staff.
11. Appreciate the role of the PTA as a member of the multi-disciplinary team and practice within the PTA scope of practice.
12. Document patient treatments in a format appropriate to each facility.
13. Demonstrate competency in MMT and goniometry.
14. Attend to and consider the emotional needs of patients and family.

### **Students in Clinic 3 should also:**

1. Delegate to P.T. aides when appropriate.
2. Develop time management skills that assist in expanding their caseload.
3. Provide a 15 to 30 minutes in-service to PT Dept.
4. Recognize gait deviations and implement proper interventions.
5. Appreciate functional goals, progressing to greatest level of independence as well as appreciate improved quality of life issues with patients.

6. Demonstrate and teach appropriate breathing and coughing patterns for patients with respiratory complications and perform postural drainage or respiratory interventions when appropriate.
7. Appreciate the importance of positioning in bed.
8. Address a variety of wheelchair modifications including seating cushions and positioning aids, types, and participate in wheelchair fitting when available.

### **Additional Neurological Rehab Expectations for Students in Clinic 3:**

1. Understand principles and fundamental concepts of neurology, rehabilitation, orthopedic rehabilitation, pediatrics, and geriatrics.
2. Demonstrate the safe and effective application of advanced therapeutic exercises as applied for persons with central nervous system (CNS) dysfunction, including selected aspects of:
  - a. Manual therapy (Neurodevelopmental and Proprioceptive Techniques)
  - b. Functional training
  - c. Motor Learning Principles & Techniques
3. Instruct patients with CNS dysfunction lead-up activities, bracing, transfers, wheelchair skills, and other activities of daily living.
4. Identify and describe architectural barriers.
5. Demonstrate skills associated with in-patient and out-patient amputee programs:
  - a. instruct patients in designated therapeutic exercises to promote healing and discourage secondary contractures
  - b. demonstrate appropriate wrapping skills for residual limb
  - c. recognize indications for use of various prosthesis including AK, knee disarticulation, BK, SYME, UE, and BE
  - d. demonstrate skill in assisted ambulation with prosthesis including lead-up training
6. Interact with patients and their families in a supportive manner by recognizing student, patient and family reactions to illness and disability.

### **Recommended Experiences:** (when available and appropriate)

1. View surgery
2. Participate in care plan or multi-discipline meeting.
3. Participate and / assist in components of PT evaluations
4. Treat patients using Postural Drainage or respiratory interventions
5. Participate in wound care, including physical agents.
6. Participate in pertinent in-services within the facility.

7. Seek exposure to a wide a variety of patient diagnoses and patient age groups (Ex: burns, COPD, CVA, THR, TKR, fx's, SCI, Brain injury, pediatrics, etc.)
8. Participate in Aquatic Therapy
9. Spend 1/2 day with OT, Speech, or another neurological wing within the facility.
10. Participate in orthotic / prosthetic clinics

# Student Acknowledgement Form

Clinic \_\_\_\_\_

**Directions:** Please *initial* following each indicating that you have completed the following requirements:

I have reviewed the Clinic Manual and agree to the terms and policies stated. \_\_\_\_\_

I have had a physical within the last 11 months and have the required immunizations and TB testing. \_\_\_\_\_

I understand that, although not required by GCC PTA program, many sites have further vaccination requirements (Eg. influenza, COVID) that will need to be completed in order for placement at these sites \_\_\_\_\_

I have received the Hepatitis B vaccine recommended for all healthcare students: \_\_\_\_\_

**- OR -**

I have been advised of the recommendation for all students in the healthcare field to receive the Hepatitis B vaccination and decline this vaccine. I understand that I remain at risk for Hepatitis B viral infection, which can cause serious disease. \_\_\_\_\_

I understand that some clinical sites may require drug testing or criminal background testing \_\_\_\_\_

I have a current BLS CPR certification for the healthcare worker I have current accident/medical insurance and the PTA program has a copy of the card. \_\_\_\_\_

I have been instructed in and have recently reviewed Universal Precautions/Procedures. \_\_\_\_\_

I have been instructed in and have recently reviewed Health Insurance Portability and Accountability Act (HIPAA) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

(2021)



## Clinical Site Questionnaire

CI Name: \_\_\_\_\_ Date: \_\_\_\_\_

CCCE Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

**CI Instructions:** Please complete this questionnaire, sign below, and return it with the student's evaluation packet. Please have CCCE complete their portions or simply indicate "same" if you serve as both the CCCE and CI. You may also mail it to the GCC PTA Program (Attention: ACCE). Your feedback is very important to us.

QUESTIONS	INDICATE ANSWERS
1. Are you a <b>certified</b> Clinical Instructor?	Please circle one: Yes: _____ No: _____
2. Do you have any clinical/specialty certifications?	Please indicate your Specialty: _____
3. How would you rate your ability to serve as a CI? On a <b>1 to 5 scale</b> : 1=Unacceptable, 2=Poor, 3=Fair, 4=Good, 5=Excellent	Please rate on 1 to 5 Scale: _____
4. Rate your support/communication from your CCCE On a <b>1 to 5 scale</b> : 1=Unacceptable, 2=Poor, 3=Fair, 4=Good, 5=Excellent	Please rate on 1 to 5 Scale: _____

### I. Overall Evaluation Ratings

Rating on a **1 to 5 scale**: 1=Unacceptable, 2=Poor, 3=Fair, 4=Good, 5=Excellent

Please **circle** the correct number. (If the CCCE and CI are both rating, please distinguish by colored ink)

QUESTIONS	Rating by CI / CCCE	CI Suggestions for improvement	Comments CCCE
5. Rate this student's overall <b>preparation</b> from GCC for this specific level of clinic	1      2      3      4      5		
6. Is utilization of the <b>electronic course</b> format acceptable for clinical information/resources?	1      2      3      4      5		

QUESTIONS	Rating by CI / CCCE	CI Suggestions for improvement	Comments CCCE
7. Rate the <b>level of communication</b> you received from the ACCE at GCC	1      2      3      4      5		
8. Rate the level of <b>support</b> you received from the ACCE	1      2      3      4      5		

## II. Specific Student Skills:

Please rate the student ability in each of the areas listed below. This mini-evaluation of your student's skills should be completed at the end of this clinical internship.

**Rate on a 1 to 4 scale:** (1 = needs constant supervision, 2 = needs supervision, 3 = needs guidance but not immediate supervision, 4 = consistent entry level performance)

Skill	Rate on a 1 to 4 scale	Comments
9. Goniometry	1      2      3      4	
10. Functional Anatomy	1      2      3      4	
11. Adjusting treatment based on the existing co-morbidities	1      2      3      4	
12. Orthopedic Therapeutic Exercise Progression	1      2      3      4	
13. Neurological Therapeutic Exercise Progression ( <i>Clinic #3 only</i> )	1      2      3      4	
14. Documentation	1      2      3      4	
15. Rate student's professionalism & communication skills	1      2      3      4	

(JAL 05/2021)

## Clinic Preference Form for Clinic 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ GCC Email: \_\_\_\_\_

Please provide the following information to assist in the clinic assignment

Process:

1. Preference for **geographic location** in Buffalo, Rochester, Southern Tier, etc.
2. **Type** of affiliation; **outpatient inpatient** (acute care, rehab, SNF)
3. Any special needs/concerns regarding clinic placements.
4. Preference as to Clinic 1A or B dates and reason.

Geographic preference: \_\_\_\_\_

Type of clinic (outpatient OR inpatient): \_\_\_\_\_

### **CIRCLE YOUR PREFERENCE OF CLINIC. 1A OR 1B**

**Clinic 1A:** 6/7/21 - 7/2/21

**Clinic 1B:** 7/12/21 - 8/6/21

Please indicate your reason for your Clinic Preference Type and 1A or 1B): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any special needs or circumstances? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT TO PTA SECRETARY**

(2021)

## Clinic Preference Form for Clinic 2 and 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ GCC Email: \_\_\_\_\_

I will be making tentative clinic assignments for 2021-2022. Please utilize the clinic folders, housed in my office, to review information about current available clinic sites. You may also secure a new site by making an initial contact and then advising the ACCE of your clinic preference. You may also identify a location and allow us to make this contact for you. We need advanced notice in order to secure contracts with any new sites.

### Please provide the following information for each clinical

1. Preference for **geographic location** in Buffalo, Rochester, Southern Tier, etc.
2. **Type of affiliation:**  
**ortho** (out-patient orthopedic)  
**acute care** (in-patient acute care)  
**neuro** (geriatrics, pediatric, SCI, Brain Injury, Developmental Disabilities)
3. Type of neurological experience, if you have a preference.
4. Any special needs/concerns you need me to know which will be important in determining placements for you.

### CLINIC 2: December 20, 2021 to January 21, 2022

Geographic Preference: \_\_\_\_\_

Type of Clinic (outpatient / inpatient): \_\_\_\_\_

Please list any special needs of considerations: \_\_\_\_\_

### CLINIC 3: April 25, 2022 to JUNE 3, 2022

**\*\* All pediatrics, SCI, and brain injury clinicals are considered neurological affiliations and are appropriate for Clinic 3 only. \*\***

Geographic Preference: \_\_\_\_\_

Preference for type of neuro/specialty clinic: \_\_\_\_\_

Please list any special needs of considerations: \_\_\_\_\_

**PLEASE SUBMIT TO THE PTA SECRETARY (2021)**

## Check Off for Clinical Experiences

### Before Clinical

Clinical Preference Form/ Confirm Site <input type="checkbox"/>	Health Form; CPR; Student Acknowledgement Form <input type="checkbox"/>	Contact CI <input type="checkbox"/>	Onboarding for Site <input type="checkbox"/>	Navigate Blackboard Clinical Course Site <input type="checkbox"/>	Review Course Syllabus <input type="checkbox"/>	Secure CPI Status <input type="checkbox"/>	Set Goals; Stratagem Form <input type="checkbox"/>
--------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------------	-----------------------------------------------	-------------------------------------------------------

### During Clinical

Orient CI to electronic course and resources <input type="checkbox"/>	Communicate with CI and ask for feedback <input type="checkbox"/>	Weekly Planning Form? <input type="checkbox"/>	Complete Weekly Questions and Communicate with ACCE <input type="checkbox"/>	Complete Mid-term form and be ready for review <input type="checkbox"/>	Complete CPI and be ready for review <input type="checkbox"/>
--------------------------------------------------------------------------	----------------------------------------------------------------------	---------------------------------------------------	---------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------

### End of Clinical

Review goals and complete CPI (Sign Off) <input type="checkbox"/>	Facilitate Patient Surveys <input type="checkbox"/>	Inservice Evaluation Forms; Write summary <input type="checkbox"/>	Remind CI to Complete Site Questionnaire <input type="checkbox"/>	Complete APTA Evaluation Form; Clinical Education Assessment Survey (Clin 3) <input type="checkbox"/>	Assist CI with sending final documents <input type="checkbox"/>
----------------------------------------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

## Clinical Education Assessment Survey

**Directions:** This is an assessment of GCC's overall clinical education program. It is to be completed by PTA students at the end of Clinic #3 and returned to the ACCE in the completed clinical packet. Your ratings and comments are very important, as we continue to monitor the effectiveness of the PTA clinical education program here at GCC.

**Please complete this survey by circling your choice of the rating.**

1=Very Poor    2=Poor    3=Fair    4=Good    5=Excellent

Survey Question	Rating	Comments
1. <u>Overall quality</u> of your combined clinical learning experiences (Clinics 1, 2, & 3).	1    2    3    4    5	
2. The <u>variety</u> of your combined clinical experiences. Experience in each of the following: ortho, acute or sub-acute care and neuro/peds	1    2    3    4    5	
3. The <u>depth and breadth</u> of your combined clinical learning experiences in providing you with sufficient practice opportunities needed to be an entry level PTA?	1    2    3    4    5	
4. The <u>quality of support</u> from GCC that you received during the combined clinicals (email, mid-term visit or phone call, responsiveness to questions).	1    2    3    4    5	
5. The overall quality of supervision you received from the Clinical Instructors (CI's and CCCE's) during the clinical experiences.	1    2    3    4    5	
6. Process by which students are assigned to clinical sites by GCC staff. Was it fair and reasonable?	1    2    3    4    5	
7. Academic preparation for your clinical internships.	1    2    3    4    5	

Survey Question	Rating	Comments
8. The manner in which performance expectations were progressively increased from Clinic 1 to Clinic 2, and then to Clinic 3.	1    2    3    4    5	

Any other comments??

(mmm 6/1/21)